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REPORT
101-476

DRUG AND ALCOHOL ABUSE TREATMENT AND PREVENTION IMPROVEMENT ACT OF 1990

SEPTEMBER 27 (legislative day, SEPTEMBER 10), 1990.—Ordered to be printed

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Mr. KENNEDY, from the Committee on Labor and Human Resources, submitted the following

REPORT

[To accompany S. 2649]

The Committee on Labor and Human Resources, to which was referred the bill (S. 2649) to provide for improved drug abuse treatment and prevention, and for other purposes, having considered the same, reports favorably thereon with an amendment in the nature of a substitute and unanimously recommends that the bill as amended do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Drug and Alcohol Abuse Treatment and Prevention Improvement Act of 1990".

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TITLE I—IMPROVEMENT AND EXPANSION OF GRANT PROGRAMS

SEC. 101. ESTABLISHMENT OF OFFICE FOR TREATMENT IMPROVEMENT.

Title V of the Public Health Service Act (hereafter in this Act referred to as the "Act") (42 U.S.C. 290aa et seq.) is amended by inserting after section 507 the following new section:

"SEC. 507A. OFFICE FOR TREATMENT IMPROVEMENT.

"(a) IN GENERAL.—There is established in the Administration an Office for Treatment Improvement (hereafter in this section referred to as the 'Treatment Office'). The Treatment Office shall be headed by a Director appointed by the Secretary from among individuals with extensive experience or academic qualifications in the treatment of drug or alcohol abuse. The Secretary, acting through the Director of the Treatment Office, shall carry out this section.

"(b) ALCOHOL AND DRUG ABUSE RESPONSIBILITIES.—With respect to alcohol and drug abuse, the Director of the Treatment Office shall—

"(1) collaborate with the Director of the Office for Substance Abuse Prevention in order to provide outreach services to identify individuals in need of treatment services, with emphasis on the provision of such services to racial and ethnic minorities, to adolescents, to pregnant and postpartum women and their infants, to individuals who abuse drugs intravenously, to the homeless and residents of shelters, and to residents of publicly-assisted housing;

"(2) collaborate with the Director of the National Institute on Drug Abuse, the Director of the National Institute on Alcohol Abuse and Alcoholism and with the States to promote the study of the outcomes of treatment services in order to identify the manner in which such treatment services can most effectively be provided;

"(3) collaborate with the Director of the National Institute on Drug Abuse and the Director of the National Institute on Alcohol Abuse and Alcoholism to promote the dissemination and implementation of research findings that will improve the accessibility, delivery and effectiveness of treatment services;

"(4) collaborate with the Director of the Office for Substance Abuse Prevention and the Director of the Bureau of Maternal and Child Health to promote the expansion of treatment opportunities for pregnant and postpartum women;

"(5) coordinate the activities and services assisted under this section with the activities and services assisted under part L of title III;

"(6) evaluate plans submitted by the States pursuant to section 1916B in order to advise the Administrator on whether the plans adequately provide for the allocation of the treatment resources of the States;

"(7) carry out the grant programs established in sections 509E, 509G(b), 509H, and 509I;

"(8) sponsor regional workshops on improving the accessibility, quality and availability of treatment services;

"(9) provide, directly or through contract, technical assistance to public and nonprofit private entities that provide prevention, intervention, and treatment services, including technical assistance with respect to the process of submitting to the Director applications for any program of grants carried out by the Director;

"(10) after consultation with organizations that represent providers of prehospital emergency medical services, carry out programs to train such providers with respect to responding to any emergency involving special problems that arise as a result of the abuse of alcohol or drugs by the victim of the emergency, including the problem of interacting with victims who are violent as a result of such abuse and the need to provide services to victims of violence and to individuals who witness violence;

"(11) encourage State and Federal agencies offering treatment opportunities for individuals addicted to drugs or alcohol to utilize and establish self-run, self-supported recovery homes;

"(12) provide treatment services by making grant to public and nonprofit private entities that are eligible to receive grants under any of sections 329, 330, and 340, and in making such grants, shall ensure that the grants are equitably allocated among the principal geographic regions of the United States, and between urban and rural areas, subject to the availability of qualified applicants for the grants;

"(13) improve coordination of the treatment resources of communities in order to ensure that the resources are applied in the manner most consistent with the needs of the communities, including referring individuals to the most appropriate provider of treatment services;

"(14) improve coordination between treatment facilities and agencies providing health, mental health, social, child care, and employment services in order to assist, in a comprehensive manner, individuals undergoing treatment;

"(15) improve coordination between treatment facilities and nonhealth care systems such as employers, labor unions and schools, and encourage the adoption of programs such as employee assistance programs and student assistance programs;

"(16) carry out activities to educate communities on the need to site and establish treatment facilities within communities;

"(17) encourage public and private entities that provide health insurance to provide benefits for drug and alcohol treatment services; and

"(18) develop programs to increase the number of health professionals providing treatment services and to promote the increased integration into the health care system of the United States of programs for providing treatment services.

"(c) AUTHORITY TO CONTRACT.—The Treatment Office is authorized to enter into such contracts, leases, cooperative agreements, and other transactions with any public agency, or with any person, firm, association, corporation, educational institution, or nonprofit organization as may be necessary to conduct the functions of the Treatment Office, including grant making responsibilities.

"(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $100,000,000 for each of the fiscal years 1991, 1992 and 1993, of which $50,000,000 shall be available to carry out the provisions of paragraph (12) of subsection (b).".

SEC. 102. REVISION IN PROGRAM OF MODEL PROJECTS FOR REDUCING INCIDENCE OF ALCOHOL AND DRUG ABUSE AMONG PREGNANT AND POST PARTUM WOMEN AND THEIR INFANTS.

(a) IN GENERAL.—Section 509F of the Act (42 U.S.C. 290aa-13) is amended by striking subsections (b) through (e) and inserting the following:

"(b) In making grants under subsection (a), the Director of the Office shall give priority to projects—

"(1) that will provide treatment and prevention services; and

"(2) that provide, directly or through referral, as many of the following services as are feasible:

"(A) Service delivery strategies and outreach services in the community involved to identify adolescent and adult women who are abusing alcohol or drugs and to encourage such women to undergo treatment for such abuse.

"(B) Prenatal and postpartum health care for women undergoing such treatment.

"(C) With respect to the infants and children of such women, ongoing pediatric health care, developmental screening, and early, continuous and comprehensive social services for such infants and children.

"(D) Child care, transportation, and other support services with respect to such treatment.

"(E) As appropriate, referrals to facilities for necessary hospital services.

"(F) Employment counseling, skill building and other appropriate follow-up services to help prevent a relapse of alcohol or drug abuse.

"(G) Case management services, including assistance in establishing eligibility for assistance under Federal, State, and local programs providing health services, mental health services, or social services.

"(H) Plans for the coordination, identification and service delivery of social service programs relating to homelessness, family violence, crisis pregnancy, and other programs likely to serve as points of treatment access for high risk women.

"(I) Plans for providing social services, including substance abuse treatment, in a single location to improve the coordination of and access to such social service.

"(J) Efforts to preserve and support the family unit, including strategies to involve the male partners of pregnant addicts in the treatment process.

"(K) Direct intervention, treatment, or rehabilitation of infants, which may include other siblings, to reduce or prevent the impact of maternal substance abuse on such children.

"(L) Supportive services for biologic or foster parents of infants affected by maternal substance abuse.

"(M) Plans for providing treatment resources to low-income pregnant and postpartum women.

"(N) Plans for providing treatment resources to pregnant and postpartum women under criminal justice supervision.

"(O) Plans for facilitating residential treatment for alcohol and drug abusing women that permits the children of such women to reside with such women.

"(P) Other services that will tend to improve pregnancy outcomes, reduce substance abuse among women of childbearing age, and increase the stability of the family home environment.

"(c) With respect to any health service under this section that is covered by the appropriate State plan approved under title XIX of the Social Security Act, the Director of the Office may not make a grant under subsection (a) unless—

"(1) the applicant for the grant will provide the health service directly, and the applicant has entered into a participation agreement under the appropriate State plan and is qualified to receive payments under such plan; or

"(2) the applicant for the grant has entered into a contract with an entity for the entity to provide the health service, and the entity has entered into such a participation agreement and is qualified to receive such payments.

"(d) The Director of the Office may not make a grant under subsection (a) unless the applicant for the grant agrees that, if a charge is imposed for the provision of services or activities under the grant, such charge—

"(1) will be made according to a schedule of charges that is made available to the public;

"(2) will be adjusted to reflect the income and resources of the woman involved; and

"(3) will not be imposed on any woman with an income of less than 100 percent of the official poverty line, as established by the Director of the Office for Management and Budget and revised by the Secretary in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981.

"(e) In making grants under subsection (a) for the provision of treatment services for alcohol and drug abuse, the Director of the Office shall ensure that—

"(1) such grants are distributed among projects that provide outpatient treatment and projects that provide residential treatment, in a manner that reflects the general desirability of residential treatment programs for pregnant addicts; and

"(2) the activities and services assisted under this section are coordinated with the activities and services under part L of title III.

"(f) The Director of the Office may not make a grant under subsection (a) unless—

"(1) an application for the grant is submitted to the Secretary;

"(2) the applicant for the grant agrees to submit to the Secretary an annual report that describes the number of women served, the number of infants served, the type and costs of services provided, and such other information as the Secretary determines to be appropriate;

"(3) with respect to carrying out the purpose for which the grant is to be made, the application provides assurances of compliance satisfactory to the Secretary;

"(4) the application otherwise is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section; and

"(5) the application contains a plan for providing the services described in this section, where appropriate, after the Federal assistance under this section has terminated.

"(g) The period during which payments are made by the Director of the Office under a grant under subsection (a) may not exceed 5 years, except that the Director of the Office may establish a procedure for renewal of grants under subsection (a).

"(h) The Director of the Office shall, after consultation with the Director of the National Institute on Drug Abuse, periodically conduct evaluations to determine the effectiveness of projects supported under subsection (a).

"(i) The Director of the Office shall annually submit to the Congress a report describing programs carried out pursuant to this section. Each such report shall include any evaluations conducted under subsection (i) during the preceding fiscal year.

"(j)(1) In making grants under subsection (a), the Director of the Office shall make a grant to an organization of the type described in paragraph (2) for the establishment of a National Resource and Information Center for Perinatal Addiction, unless the Director finds that the Office is performing each of the functions set forth in paragraph (3) and certifies such finding to the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce of the House of Representatives.

"(2) The grant described in paragraph (1) shall be awarded, after a competitive search, to a private nonprofit organization that has an extensive background and experience in performing research on maternal substance abuse and in disseminating such information to professionals, policymakers, the general public and the media, as well as experience in providing educational services to maternal substance abusers and their exposed infants.

"(3) The Center established under subsection (a) shall—

"(A) coordinate and disseminate research on maternal substance abuse, treatment options for such women and infants of such women, and prevention strategies;

"(B) develop and distribute training and educational information and materials concerning maternal substance abuse;

"(C) act as a clearinghouse for information on treatment programs for pregnant addicts;

"(D) develop and manage a national toll-free hotline to provide information and referrals;

"(E) provide policy analysis and program evaluation to the Secretary of Health and Human Services;

"(F) award a grant to a qualified entity to conduct—

"(i) a statewide epidemiological study of infants, and the families of infants with fetal cocaine syndrome; and

"(ii) a 7-year longitudinal study of infants, and the families of infants, exposed to cocaine use; and

"(G) provide any other services designed to carry out the purposes of this subsection.

"(k) The Director of the Office shall collaborate on issues relating to maternal substance abuse with all other relevant Federal agencies, including the Office for Treatment Improvement, the Office of Maternal and Child Health, the Indian Health Service, the Bureau of Health Care Delivery and Assistance, and the Office of Human Development Services. Such collaboration may occur through the creation of interagency task forces, as appropriate.

"(l) For the purpose of this section, the term 'qualified entity' means an entity which—

"(1) has demonstrated expertise in conducting longitudinal research and in-depth studies on infants, including the behaviors, crying patterns and other characteristics of infants;

"(2) possesses the resources and expertise necessary for such activities;

"(3) is geographically suited to conduct a statewide epidemiological survey;

"(4) is a licensed and accredited acute care hospital for child psychiatric care that provides inpatient, outpatient, and developmental disability treatment services;

"(5) has previously participated in a research project in cooperation with an obstetrical or perinatal center; and

"(6) can demonstrate an established relationship with a regional high risk infant tertiary care center.

"(m) For the purpose of carrying out this section, there is authorized to be appropriated $75,000,000 for each of the fiscal years 1991, 1992 and 1993.".

(b) GRANTEES.—Section 509F(a) of such Act (42 U.S.C. 290aa–13(a)) is amended by inserting at the end thereof the following new sentence: "Such grants may be made only to public and nonprofit private entities and to appropriately qualified Indian tribes and tribal organizations (as defined in section 1913(b)(5)).".

SEC. 103. REVISIONS IN PROGRAM FOR DRUG ABUSE PROJECTS OF NATIONAL SIGNIFICANCE.

Section 509G of the Act (42 U.S.C. 290aa–14) is amended—

(1) in subsection (a)(1)—

(A) in the matter preceding subparagraph (A), by striking "the Administrator" and inserting "the Director of the National Institute on Drug Abuse"; and

(B)(i) by inserting "and" at the end of subparagraph (A);

(ii) by striking "; and" at the end of subparagraph (B) and inserting a period; and

(iii) by striking subparagraph (C);

(2) in subsection (b)—

(A) in paragraph (1)—

(i) by inserting after "Secretary" the following: ", acting through the Director of the Office for Treatment Improvement,";

(ii) by striking "States" the first place such term appears and inserting "States and other public or nonprofit private entities"; and

(iii) by striking "States" the second place such term appears and inserting "entities";

(B) in paragraph (3)(A) by—

(i) redesignating clause (v) as clause (vi); and

(ii) inserting the following new clause after clause (iv);

"(v) treatment of substance abusers who reside in rural areas"; and

(C) in paragraph (4), by striking "State" and inserting "public or nonprofit private entity"; and

(3) by amending subsection (c)(1) to read as follows:

"(c)(1) For the purpose of carrying out this section, there are authorized to be appropriated $80,000,000 for each of the fiscal years 1991, 1992 and 1993.".

SEC. 104. NEW DRUG AND ALCOHOL ABUSE TREATMENT GRANT PROGRAMS.

Part A of title V of the Act (42 U.S.C. 290aa et seq.) is amended by inserting at the end thereof the following new sections:

"SEC. 509H. GRANTS FOR TRAINING OF DRUG AND ALCOHOL TREATMENT PROFESSIONALS.

"(a) ESTABLISHMENT.—The Director of the Office for Treatment Improvement (hereafter in this section referred to as the 'Director') shall establish a program to provide grants to eligible institutions to enable such institutions to provide training services to increase the supply of drug and alcohol treatment professionals.

"(b) ELIGIBLE INSTITUTIONS.—Institutions eligible to receive a grant under this section shall include government agencies, medical schools, hospitals, schools of osteopathy, schools of nursing, schools of public health, schools of psychology, schools of chiropractic services, schools of social work, and other appropriate institutions that submit an application in accordance with subsection (c).

"(c) APPLICATIONS.—To be eligible to receive a grant under this section, an eligible institution shall submit an application to the Director at such time, in such manner, and containing such information as the Director may reasonably require.

"(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section there are authorized to be appropriated $25,000,000 for each of the fiscal years 1991, 1992 and 1993.

"SEC. 509I. DEMONSTRATION GRANTS FOR DRUG AND ALCOHOL TREATMENT IN THE CRIMINAL JUSTICE SYSTEM.

"(a) PROGRAM ESTABLISHED.—The Director of the Office for Treatment Improvement (hereafter in this section referred to as the 'Director') shall establish a program to provide grants to public and nonprofit private entities that provide drug and alcohol treatment services to individuals under criminal justice supervision.

"(b) ELIGIBILITY.—In awarding grants under subsection (a), the Director shall ensure that the grants are reasonably distributed among projects that provide treatment services to individuals who are—

"(1) incarcerated in prisons, jails or community correctional settings; or

"(2) not incarcerated but under criminal justice supervision because of their status as pre-trial releases, post-trial releases, probationers, parolees, or supervised releases.

"(c) PRIORITY.—In awarding grants under subsection (a), the Director shall give priority to programs that provide—

"(1) a continuum of services for offenders as they proceed through and out of the criminal justice system, including identification and assessment, drug and alcohol treatment, employment counseling, pre-release counseling and pre-release referrals with respect to housing and treatment;

"(2) referrals to treatment programs in the community for individuals soon to be released from incarceration;

"(3) offender management services, including addiction identification, assessment, case management, monitoring and appropriate referrals for individuals under criminal justice supervision;

"(4) comprehensive treatment services for juvenile offenders;

"(5) comprehensive treatment services for juvenile and adult female offenders, including related services such as violence counseling, parenting and child development classes, and vocational training;

"(6) outreach services to identify individuals under criminal justice supervision who would benefit from drug and alcohol treatment and to encourage such individuals to seek treatment; or

"(7) treatment services that function as an alternative to incarceration for appropriate categories of offenders or that otherwise enable individuals to remain under criminal justice supervision in the least restrictive setting consistent with public safety.

"(d) APPLICATION.—The Director of the Office may not make a grant under subsection (a) unless—

"(1) an application for the grant is submitted to the Secretary; and

"(2) the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines necessary to carry out this section.

"(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $40,000,000 for each of the fiscal years 1991, 1992 and 1993.".

SEC. 105. NEW DRUG AND ALCOHOL ABUSE PREVENTION GRANT PROGRAMS.

Part A of title V of the Act (as amended in section 105) (42 U.S.C. 290aa et seq.) is further amended by inserting at the end thereof the following new sections:

"SEC. 509J. GRANTS FOR COMMUNITY COALITIONS ON SUBSTANCE ABUSE.

"(a) DEFINITION.—As used in this section, the term 'eligible coalition' means an association, consisting of at least seven organizations, agencies, and individuals that are concerned about preventing substance abuse, that shall include—

"(1) public and private organizations and agencies that represent law enforcement, schools, health and social service agencies, and community-based organizations; and

"(2) at least three representatives of nongovernmental interested parties such as the clergy, academia, business, labor unions, parents, youth, the media, and civic and fraternal groups.

"(b) GRANT PROGRAM.—

"(1) IN GENERAL.—The Secretary, acting through the Director of the Office, shall make grants to eligible coalitions in order to—

"(A) plan and implement comprehensive long-term strategies for substance abuse prevention;

"(B) develop a detailed assessment of existing substance abuse prevention programs and activities to determine community resources and to identify major gaps and barriers in such programs and activities;

"(C) identify and solicit funding sources to enable such programs and activities to become self-sustaining;

"(D) develop a consensus regarding the priorities of a community concerning substance abuse;

"(E) develop a plan to implement such priorities; and

"(F) coordinate substance abuse services and activities, including prevention activities in the schools and communities and substance abuse treatment programs.

"(2) SPECIAL RULE.—In making grants pursuant to paragraph (1), the Secretary shall award at least 35 percent of the amount appropriated pursuant to the authority of subsection (f) in each fiscal year to communities (including cities, towns and townships) with populations of no more than 250,000 individuals that have made substance abuse prevention a high priority, as determined by the Secretary.

"(c) COMMUNITY PARTICIPATION.—In developing and implementing a substance abuse prevention program, a coalition receiving funds under paragraph (1) shall—

"(1) emphasize and encourage substantial voluntary participation in the community, especially among individuals involved with youth such as teachers, coaches, parents, and clergy; and

"(2) emphasize and encourage the involvement of businesses, labor unions, civic groups, and other community organizations and members.

"(d) APPLICATION.—An eligible coalition shall submit an application to the Secretary in order to receive a grant under this section. Such application shall—

"(1) describe and, to the extent possible, document the nature and extent of the substance abuse problem in the community in question;

"(2) describe the activities needing financial assistance;

"(3) identify participating agencies, organizations, and individuals;

"(4) identify the agency, organization, or individual that has responsibility for leading the coalition, and provide assurances that such agency, organization, or individual has previous substance abuse prevention experience;

"(5) describe a mechanism to evaluate the success of the coalition in developing and carrying out the substance abuse prevention plan referred to in subsection (b)(5); and

"(6) contain such additional information and assurances as the Secretary may prescribe.

"(e) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to a community that—

"(1) provides evidence of significant substance abuse;

"(2) proposes a comprehensive and multifaceted approach to eliminating substance abuse;

"(3) encourages the involvement of businesses, labor unions and community leaders in substance abuse prevention activities; and

"(4) demonstrates support from the community and State and local agencies for efforts to eliminate substance abuse.

"SEC. 509K. PUBLIC EDUCATION REGARDING DRUG AND ALCOHOL USE DURING PREGNANCY.

"(a) ESTABLISHMENT.—

"(1) IN GENERAL.—The Secretary shall establish and implement a program to inform the public of any dangers to maternal and child health resulting from drug and alcohol use during pregnancy and the post partum period.

"(2) DUTIES OF SECRETARY.—In implementing the program established under paragraph (1) the Secretary shall—

"(A) develop educational programs and materials and public service announcements for women of child-bearing age and their male partners concerning the dangers to maternal and child health resulting from alcohol and drug use during pregnancy and the post partum period, and the dangers to health throughout childhood posed by parental drug and alcohol abuse;

"(B) make such programs, materials, and announcements available to States, local governments, school systems, the media, community-based nonprofit organizations, health-related facilities, and such other entities as the Secretary determines appropriate to further the purposes of this section; and

"(C) conduct, support, and encourage the coordination of research on the effect of alcohol and drug use during pregnancy and the post partum period.

"(b) TECHNICAL ASSISTANCE.—The Secretary may provide technical assistance and make grants to States—

"(1) to assist such States in the development of educational programs and materials and public service announcements for women of child-bearing age and their male partners concerning the dangers to maternal and child health resulting from the use of alcohol and drugs during pregnancy and the post partum period, and the dangers to health throughout childhood posed by parental drug and alcohol abuse; and

"(2) to assist in the distribution of such programs, materials and announcements through such States.

"(c) EVALUATION.—The Secretary shall conduct evaluations to determine the effectiveness of the projects assisted under this section.

"(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated $5,000,000 for each of the fiscal years 1991, 1992 and 1993 to carry out the provisions of this section.".

SEC. 106. TECHNICAL AND CONFORMING AMENDMENTS.

Part A of title V of the Act (42 U.S.C. 290aa et seq.) is further amended in section 508(d)(1), by striking "sections 509, 509A, and 509F," and inserting "sections 509 and 509A,".

TITLE II—REVISION OF THE ADAMHA BLOCK GRANT PROGRAM

SEC. 201. REVISION OF BLOCK GRANT FORMULA.

Section 1912A of the Act (42 U.S.C. 300x-1a) is amended—

(1) in the formula following subclause (II) of subsection (a)(4)(A)(i) by striking "N" and inserting "P";

(2) in subsection (a)(4) by amending subparagraphs (B) and (C) to read as follows:

"(B) For the purposes of subparagraph (A)(i), the term 'P' means the product of the State's at risk population percentage and the State's cost index.

"(C)(i) Except as provided in clause (ii), for purposes of the formula specified in subparagraph (A)(ii)(II), the term 'S' means the percentage of the most recent 3-year average of the total taxable resources of the State as compared to the most recent 3-year average of the taxable resources of all States, as determined by the Secretary of the Treasury.

"(ii) In the case of the District of Columbia, for purposes of the formula specified in subparagraph (A)(ii)(II), the term 'S' means the percentage of the most recent 3-year average of personal income in the District of Columbia as compared to the most recent 3-year average of personal income in all States, as reported by the Secretary of Commerce.";

(3) by striking subparagraphs (D) and (E) of subsection (a)(4);

(4) by amending subsection (b) to read as follows:

"(b)(1) Each State that received an allotment of $8,000,000 or less under this subpart in fiscal year 1989 shall receive a minimum allotment under this subpart in each fiscal year which is the greater of—

"(A) the amount determined in accordance with the formula described in subsection (a); and

"(B) the amount determined in accordance with the following formula:

$$E \times (1 + 0.5 (R))$$

"(2) For the purpose of the formula specified in subparagraph (B) of paragraph (1)—

"(A) the term 'E' means the amount the State received under this subpart in fiscal year 1989; and

"(B) the term 'R' means the cumulative percentage by which the total amount appropriated pursuant to the authority of section 1911 has increased or decreased since fiscal year 1989.";

(5) in subsection (c)—

(A) in subparagraph (A) of paragraph (2) by inserting "or the amount such territory received in fiscal year 1989" after "100,000";

(B) by inserting the following flush sentence after clause (ii) of paragraph (1)(B):

"In the absence of reliable recent population data with respect to a given territory, it shall be assumed that the population of that territory has changed at the same rate as the population of the territories generally."; and

(C) by adding at the end thereof the following new paragraph:

"(4) For the purposes of this subsection, the term 'population' means the civilian population.";

(6) by amending subsection (g) to read as follows:

"(g) For the purposes of this section—

"(1)(A) The term 'at risk population percentage' means the sum of—

"(i) one-third of the percentage of the number of individuals in the State aged 25 through 64 as compared to the number of individuals in all States aged 25 through 64;

"(ii) one-third of the percentage of the number of individuals in the State aged 18 through 24 as compared to the number of individuals in all States aged 18 through 24; and

"(iii) one-third of the percentage of the number of individuals in the State aged 25 through 44 as compared to the number of individuals in all States aged 25 through 44.

"(B) In making the determination required in clause (ii) of subparagraph (A) the Secretary shall count twice the number of individuals aged 18 through 24 who reside in urban areas. If current data regarding the number of individuals aged 18 through 24 who reside in urban areas is not available for any fiscal year, then the Secretary shall estimate such number by multiplying the total population of each State as determined by the Secretary of Commerce for such year by the percentage of the number of individuals in the State aged 18 through 24 who reside in urban areas within the State as compared to the total number of individuals in the State. The Secretary shall make such determinations in accordance with the data available from the most recent decennial census.

"(2)(A) The term 'cost index' means the overall cost index for the State which appears in table 4 of the March 30, 1990 report entitled 'Adjusting the Alcohol, Drug Abuse and Mental Health Services Block Grant Allocations for Poverty Population and Cost of Service' prepared by the Health Economics Research, Inc. pursuant to a contract with the National Institute on Drug Abuse.

"(B) The Secretary shall update the cost index described in subparagraph (A) prior to making allotments under this section for fiscal year 1992 and at least once every 3 years thereafter as more current data becomes available. The Secretary may make reasonable refinements in the methodology used in constructing such cost index and may phase in changes in the cost index as he deems appropriate.

"(3)(A) The term 'State' means, except as provided in subparagraph (B), each of the several States, the District of Columbia, and each of the territories of the United States.

"(B) For purposes of subsections (a), (b), (e), and (f) of this section, the term 'State' means each of the several States and the District of Columbia.

"(4) The term 'territories of the United States' means each of the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Com-

monwealth of the Northern Mariana Islands, the Trust Territory of the Pacific Islands, and any other territory or possession of the United States."; and

(7) by inserting at the end thereof the following new subsection:

"(j)(1) Notwithstanding any other provision of law, no State shall receive an allotment under this section in fiscal year 1991 which is less than the allotment such State received under this section in fiscal year 1990.

"(2) Notwithstanding any other provision of law, no State shall receive an allotment under this section in fiscal year 1991 in an amount which exceeds the sum of—

"(A) the allotment such State received in fiscal year 1990; and

"(B) $20,000,000.".

SEC. 202. REVISION WITH RESPECT TO THE USE OF ALLOTMENTS.

Section 1915 of the Act (42 U.S.C. 300x-3) is amended—

(1) in subsection (b)—

(A) by inserting after the comma in paragraph (1), the following: "except that funds may be used to pay for inpatient hospital or accredited nonhospital drug treatment services pursuant to a contractual arrangement with a hospital if—

"(A) needed residential treatment services could not otherwise be provided; and

"(B) the rates paid for such services do not exceed 125 percent of the cost of the rates typically required for comparable residential services."; and

(B) by inserting after the fifth sentence in the matter following paragraph (5), the following new sentence: "The Secretary may waive or reduce the matching rate requirement of the preceding sentence if the State requests such a waiver and the Secretary determines that a failure to grant such a request would result in a reduction in the resources that would otherwise be used to provide direct treatment services and that are essential to implementation of the State drug abuse plan.";

(2) in subsection (c)(1)—

(A) by inserting "including social and health services necessary to improve treatment outcomes," after "drug abuse," in subparagraph (A);

(B) by striking "and" at the end of subparagraph (B);

(C) by striking the period and inserting a semicolon at the end of subparagraph (C); and

(D) by inserting at the end thereof the following new subparagraphs:

"(D) to provide counseling to family members of drug abusers, including such family members in group and family counseling service settings for the treatment of drug abusers; and

"(E) to develop, implement, and operate programs of treatment for adult and juvenile substance abusers in State and local criminal and juvenile justice systems, including treatment programs for individuals in prisons and jails and those on probation, parole, supervised release, and pretrial release."; and

(3) by inserting at the end of subsection (d) the following new sentence: "Reasonable expenses, as determined by the Administrator, incurred for the training of individuals as required under this subpart shall not be included in determining the costs of administering funds made available under section 1914.".

SEC. 203. ALCOHOL AND DRUG ABUSE AND MENTAL HEALTH SERVICE BLOCK GRANTS.

Section 1916 of the Public Health Service Act (42 U.S.C. 300x-4) is amended—

(1) in subsection (c)(14), by striking "10 percent" and inserting "15 percent"; and

(2) in subsection (f), by striking the second sentence and inserting the following new sentence: "Such report shall include a description of how the State has complied with the provisions of paragraph (14) of subsection (c).".

SEC. 204. MAINTENANCE OF EFFORT.

Paragraph (11) of section 1916(c) of the Public Health Service Act (42 U.S.C. 300x-4(c)(11)) is amended to read as follows:

"(11)(A) The State agrees to maintain State expenditures for alcohol, drug abuse, and community mental health services at a level equal to not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive payments under section 1914, except that the State shall maintain State expenditures for drug abuse related services provided pursuant to this subpart as a

level equal to not less than the average amount of such expenditures for the preceding 2 years.

"(B) The Secretary may, on the request of a State, waive the requirement established in subparagraph (A) if the Secretary determines that extraordinary economic conditions in the State justify the waiver of the provisions contained in such subparagraph.

"(C) The Secretary shall promulgate regulations to implement this paragraph that shall include the procedures by which a full or partial waiver may be granted.".

SEC. 205. ESTABLISHMENT OF REQUIREMENT.

Title XIX of the Act (42 U.S.C. 300z et seq.) is amended by inserting after section 1916A (42 U.S.C. 300x–4a) the following new section:

"SEC. 1916B. STATEWIDE SUBSTANCE ABUSE TREATMENT PLAN.

"(a) NATURE OF THE PLAN.—To receive its allotment for a fiscal year under section 1912A, a State shall develop, implement, and submit as part of the application required by section 1916(a), an approved statewide Substance Abuse Treatment Plan, prepared according to standards issued by the Secretary, that shall—

"(1) contain a single, designated State agency for formulating and implementing the Statewide Substance Abuse Treatment Plan;

"(2) contain a description of the mechanism that shall be used to assess the needs for substance abuse treatment in localities throughout the State including the presentation of relevant data;

"(3) contain a description of a statewide plan that shall be implemented to expand treatment capacity and overcome obstacles that restrict the expansion of treatment capacity (such as zoning ordinances), or an explanation of why such a plan is unnecessary;

"(4) contain a description of performance-based criteria that shall be used to assist in the allocation of funds to substance abuse treatment facilities receiving assistance under this subpart;

"(5) contain a description of the mechanism that shall be used to make funding allocations under this subpart;

"(6) contain a description of the actions that shall be taken to improve the referral of substance abusers to treatment facilities that offer the most appropriate treatment modality;

"(7) contain a description of the program of training that shall be implemented for employees of treatment facilities receiving Federal funds, designed to permit such employees to stay abreast of the latest and most effective treatment techniques;

"(8) contain a description of the plan that shall be implemented to coordinate substance abuse treatment facilities with other social, health, developmental, housing, correctional and vocational services in order to assist or properly refer those patients in need of such additional services;

"(9) contain a description of the plan that shall be implemented to expand drug treatment opportunities for individuals under criminal justice supervision;

"(10) contain a description of the plan that shall be implemented to expand drug treatment opportunities for homeless individuals;

"(11) contain a description of the plan that will be implemented to expand and improve efforts to deter adolescent and adult women from knowingly abusing drugs or alcohol at all times and particularly during pregnancy, to contact and treat pregnant women who abuse drugs or alcohol, and to provide appropriate follow-up services to their drug or alcohol affected newborns;

"(12) contain a description of the plan that will be implemented to expand and improve specialized services for individuals with substance abuse and coexisting mental disorders and to describe what actions will be taken to improve the organization and financing of services for individuals with coexisting substance abuse and mental disorders;

"(13) provide for the targeting of funds toward areas of the greatest need in the State, using such criteria as the State may establish for determining such areas, including criteria for focusing on—

"(A) the current unmet treatment needs in the State including both the inpatient, outpatient, and long- and short-term substance abuse treatment service needs of defined populations and the availability of essential ancillary services;

"(B) the incidence of deliveries of infants who suffer adverse medical consequences as a result of maternal substance abuse;

"(C) the incidence of criminal activities related to substance abuse; and

"(D) the incidence of communicable diseases transmitted by substance abuse;

"(14) provide for the periodic testing of patients as appropriate for various treatment populations to determine the patients compliance with treatment regimens and the establishment of clinically appropriate policies for dealing with patients who fail such tests and provide that such testing conducted not be required to be more frequent than is necessary to achieve treatment objectives;

"(15) provide for aftercare or follow-up, either directly or through arrangements with other individuals or entities, such as entities operating employee assistance programs and student assistance programs for patients who have ended a course of treatment provided by the facility, that shall include periodic contacts with the patient to monitor the patient's progress and provide services or additional treatment as needed;

"(16) increase, if necessary, the availability of specialized services and facilities necessary to meet the needs of female and minority drug abusers;

"(17) provide for the establishment of a program of interim assistance for individuals who apply for treatment, and who must wait for the availability of treatment opportunities, such as—

"(A) education and counseling concerning drug abuse; and

"(B) the referral to, or provision of, other necessary health and social services that may include primary health care, mental health care, homeless assistance, education, and vocational services;

"(18) contain a description of the plan that shall be implemented to assist businesses, labor unions and schools to establish employee assistance programs and student assistance programs;

"(19) contain assurances that each State or recipient of financial assistance pursuant to the provisions of this subpart shall not engage in discrimination on the basis of race, religion, color, national origin, gender, or handicap in the course of the activities assisted in whole or in part pursuant to the provisions of this subpart; and

"(20) contain assurances that the State will comply with the provisions of section 1916(c)(14).

"(b) SUBMISSION OF THE PLAN.—The plan required by subsection (a) shall be submitted to the Secretary annually for review and approval. The Secretary shall have the authority to review and approve or disapprove such State plans, and to propose changes to such plans.

"(c) GUIDELINES.—(1) The Secretary, in consultation with the States, shall develop guidelines for each area to be covered by the State plan prepared under subsection (a).

"(2) Beginning in fiscal year 1992, no payment shall be made to a State from its allotment under section 1912A unless such State has submitted a plan under this section that is in reasonable conformance with the guidelines developed under paragraph (1), except that with respect to the performance criteria for treatment facilities described in subsection (a)(4), the State plan shall provide a reasonable time for such conformance.

"(3) The Secretary shall monitor the compliance of the State with the plan submitted under this section and provide technical assistance to assist in achieving such compliance.

"(d) REPORTS.—Each State shall submit reports, in such form, and containing such information as the Secretary may, from time to time, require, and shall comply with such additional provisions as the Secretary may from time to time find necessary to verify the accuracy of such reports.

"(e) WAIVER OF PLAN REQUIREMENT.—At the discretion of the Secretary, the Secretary may waive any or all of the requirements of this section on the written request of a State, except that such waiver shall not be granted unless the State implements an alternative treatment plan that fulfills the objectives of this section.

"(f) MODEL STATE PLAN.—The Director of the Office for Treatment Improvement shall establish a model State substance abuse treatment plan to guide States in establishing State plans under subsection (a), and shall provide technical assistance to assist States in complying with such plan.

"(g) ADMINISTRATIVE EXPENSES.—Expenses incurred for the training of individuals as required under any plans submitted under this section shall not be included in determining the costs of administering funds made available under section 1914 with respect to alcohol and drug abuse.".

TITLE III—PHARMACOTHERAPY DEVELOPMENT

SEC. 301. SHORT TITLE.

This title may be cited as the "Pharmacotherapy Development Act of 1990".

SEC. 302. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress finds that—

(1) drug addiction is a disease of epidemic proportions in the United States;

(2) current efforts to treat the disease of addiction are inadequate; and

(3) pharmacotherapy, the use of medicines to treat the disease of addiction and related disorders, is one promising method of treatment, and the development of such medicines must be more aggressively promoted by the Federal Government.

(b) PURPOSE.—It is the purpose of this title to promote research, development, and production of pharmacotherapeutics used to reduce the prevalence of drug and alcohol addiction and related mental disorders in the United States.

PART A—FEDERAL MEDICATION DEVELOPMENT PROGRAM

SEC. 311. ESTABLISHMENT OF MEDICATION DEVELOPMENT PROGRAM.

Section 501 of the Public Health Service Act (42 U.S.C. 290aa) is amended by inserting at the end thereof the following new subsection:

"(n)(1) There is established in the Alcohol Drug Abuse and Mental Health Administration a 'Medications Development Program' through which the Administrator shall—

"(A) conduct periodic meetings with the Commissioner of Food and Drugs to discuss measures that may facilitate the approval process of drug addiction treatments;

"(B) encourage and promote (through grants, contracts, or otherwise) expanded research programs, investigations, experiments, and studies, into the development of medications to treat drug and alcohol addiction and related mental disorders;

"(C) establish or provide for the establishment of research facilities;

"(D) report on the activities of other relevant agencies relating to the development and use of pharmacotherapeutic treatments for drug addiction;

"(E) collect, analyze, and disseminate data useful in the development and use of pharmacotherapeutic treatments for drug and alcohol addiction and related mental disorders and collect, catalog, analyze, and disseminate through international channels, the results of such research; and

"(F) directly or through grants, contracts, or cooperative agreements, support training in the fundamental sciences and clinical disciplines related to the pharmacotherapeutic treatment of drug and alcohol addiction and related mental disorders, including the use of training stipends, fellowships, and awards where appropriate.

"(2) In carrying out the activities described in subsection (c), the Administrator—

"(A) shall collect and disseminate through publications and other appropriate means, information pertaining to the research and other activities under this section;

"(B) shall make grants to or enter into contracts and cooperative agreements with individuals and public and private entities to further the goals of the program;

"(C) shall, in accordance with other provisions of Federal law, through grants, contracts, or cooperative agreements acquire, construct, improve, repair, operate, and maintain pharmacotherapeutic centers, laboratories, and other necessary facilities and equipment, and such other property as the Administrator determines necessary to carry out the purposes of this title;

"(D) may accept voluntary and uncompensated services;

"(E) may accept gifts, or donations of services, money, or property, real, personal, or mixed, tangible or intangible; and

"(F) shall take necessary action to ensure that all channels for the dissemination and exchange of scientific knowledge and information are maintained between the Administration and the other scientific, medical, and biomedical disciplines and organizations nationally and internationally.

"(3)(A) Not later than December 31, 1991, and each December 31 thereafter, the Administrator shall submit to the Office of National Drug Control Policy established under section 1002 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 1501) a report, in accordance with paragraph (3), that describes the objectives and activities of the program assisted under this subsection.

"(B) The Administrator of National Drug Control Policy shall incorporate, by reference or otherwise, each report submitted under this subsection in the National Drug Control Strategy submitted the following February 1 under section 1005 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 1504).

"(4) The Administrator shall provide for the proper scientific review of all research grants, cooperative agreements, and contracts over which the Administrator has authority.

"(5) There are authorized to be appropriated to carry out the provisions of this subsection—

"(A) $60,000,000 for fiscal year 1991;
"(B) $70,000,000 for fiscal year 1992;
"(C) $85,000,000 for fiscal year 1993;
"(D) $100,000,000 for fiscal year 1994;
"(E) $110,000,000 for fiscal year 1995; and
"(F) $115,000,000 for each of the fiscal years 1996 through 2000.".

SEC. 312. DEFINITION.

As used in this title, the term "pharmacotherapeutics" means medications used to treat the symptoms and disease of drug addiction, including medications to—

(1) block the effects of abused drugs;
(2) reduce the craving for abused drugs;
(3) moderate or eliminate withdrawal symptoms;
(4) block or reverse the toxic effect of abused drugs;
(5) prevent, under certain conditions, the initiation of drug abuse; or
(6) prevent relapse in persons who have been detoxified from abuse of controlled substances.

PART B—STUDY ON PRIVATE SECTOR DEVELOPMENT OF PHARMACOTHERAPEUTICS

SEC. 321. STUDY ON PRIVATE SECTOR DEVELOPMENT OF PHARMACOTHERAPEUTICS.

(a) IN GENERAL.—The Commissioner of the Food and Drug Administration shall, in consultation with the Administrator of the Alcohol, Drug Abuse and Mental Health Administration, prepare a report on the role of the private sector in the development of anti-addiction medications. Such report shall contain legislative proposals designed to encourage private sector development of anti-addiction medications.

(b) SUBMISSION.—The report described in subsection (a) shall be submitted to the appropriate committees of the Congress not later than 1 year after the date of enactment of this Act.

PART C—STUDY ON MEDICATIONS REVIEW PROCESS REFORM

SEC. 331. STUDY ON MEDICATIONS REVIEW PROCESS REFORM.

(a) IN GENERAL.—The Commissioner of the Food and Drug Administration shall prepare a report on the process by which anti-addiction medications receive marketing approval from the Food and Drug Administration. Such report shall assess the feasibility of expediting the marketing approval process in a manner consistent with public safety.

(b) SUBMISSION.—The report described in subsection (a) shall be submitted to the appropriate committees of the Congress not later than 1 year after the date of enactment of this Act.

PART D—HIGH PRIORITY RESEARCH AREAS

SEC. 341. SENSE OF CONGRESS.

It is the sense of Congress that the Medications Development Division of the National Institute on Drug Abuse shall devote special attention and adequate resources to achieve the following urgent goals—

(1) the development of a methadone alternative;

(2) the development of a long-acting narcotic antagonist;

(3) the development of a cocaine-blocking treatment;

(4) the development of a cocaine-blocker/narcotic antagonist treatment;

(5) the development of medications to treat addiction to drugs that are becoming increasingly prevalent, such as methamphetamine;

(6) the development of medications to treat safely pregnant addicts and their fetuses; and

(7) the development of medications to treat the offspring of addicted mothers.

PART E—REPORT BY THE SURGEON GENERAL

SEC. 351. REPORT BY THE SURGEON GENERAL.

(a) PHARMACOTHERAPY REVIEW PANEL.—Not later than 120 days after the date of enactment of this Act, the Director of the Division established under section 515 of the Public Health Service Act (as amended by section 7011) shall establish a panel of independent experts in the field of pharmacotherapeutic treatment of drug addiction to assess the national strategy for developing such treatments and to make appropriate recommendations for the improvement of such strategy.

(b) REPORT.—Not later than January 1, 1992, the Surgeon General of the United States shall prepare and submit, to the appropriate Committees of Congress, a report that sets forth—

(1) the recommendations of the panel established under subsection (a);

(2) the state of the scientific knowledge with respect to pharmacotherapeutic treatment of drug addiction;

(3) the assessment of the Surgeon General of the progress of the nation toward the development of safe, efficacious pharmacological treatments for drug addiction; and

(4) any other information determined appropriate by the Surgeon General.

(c) AVAILABILITY.—The report prepared under subsection (b) shall be made available for use by the general public.

TITLE IV—CHILDREN OF SUBSTANCE ABUSERS AND AT-RISK FAMILIES

SEC. 401. SHORT TITLE.

This title may be cited as the "Children of Substance Abusers Act".

SEC. 402. PURPOSES.

The purposes of this title are—

(1) to increase the availability of treatment for mothers and fathers who are substance abusers;

(2) to ensure that the physical, emotional, and psychological needs of children of substance abusers, including children exposed to drugs or alcohol before birth, are identified, assessed, and addressed;

(3) to promote the economic and social well-being of families in which a parent is a substance abuser by providing comprehensive services directed at the entire family; and

(4) to promote the healthy development of children and preserve families by improving parenting skills and providing support systems of social services.

SEC. 403. SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS AND AT-RISK FAMILIES.

Title III of the Public Health Service Act is amended—

(1) by redesignating sections 399 and 399A (42 U.S.C. 280c-4 and 280c-5) as sections 398A and 398B, respectively; and

(2) by adding at the end the following new part:

"PART L—SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS AND AT-RISK FAMILIES

"SEC. 399. SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS.

"(a) DEFINITIONS.—As used in this section:

"(1) CARETAKER OF A CHILD OF A SUBSTANCE ABUSER.—The term 'caretaker of a child of a substance abuser' means a birth parent, foster parent, adoptive parent, or relative of a child of a substance abuser.

"(2) CHILD OF A SUBSTANCE ABUSER.—The term 'child of a substance abuser' means any child of a substance abuser, including an infant born to a mother who is a substance abuser.

"(3) COMMUNITY OUTREACH SERVICES.—The term 'community outreach services' means services provided by a public health nurse, social worker, or similar professional, or by a trained volunteer supervised by a professional, to—

"(A) accomplish early identification of substance abusers;

"(B) accomplish early identification of children affected by parental substance abuse consistent with the early intervention services in part H of title VI of the Education of the Handicapped Act (20 U.S.C. 1471 et seq.);

"(C) provide counseling to substance abusers and children of substance abusers on the benefits and availability of substance abuse treatment services and services for children of substance abusers;

"(D) assist substance abusers and children of substance abusers in obtaining and using substance abuse treatment services and services for children of substance abusers; and

"(E) visit and provide support to substance abusers, especially pregnant women, who are receiving substance abuse treatment services or services for children of substance abusers.

"(4) RELATED SERVICES.—The term 'related services' means services provided by—

"(A) early intervention programs such as the program established in part H of title VI of the Education of the Handicapped Act (20 U.S.C. 1471 et seq.);

"(B) education and special education programs;

"(C) Head Start programs established under the Head Start Act (42 U.S.C. 9831 et seq.);

"(D) other early childhood programs;

"(E) employment and training programs;

"(F) public assistance programs provided by Federal, State, or local governments; and

"(G) programs offered by vocational rehabilitation agencies, recreation departments, and housing agencies.

"(5) SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS.—The term 'services for children of substance abusers' includes—

"(A) in the case of children of substance abusers—

"(i) periodic evaluation of children for developmental, psychological, and medical problems;

"(ii) primary pediatric care, consistent with early and periodic screening, diagnostic, and treatment services described in section 1905(r) of the Social Security Act (42 U.S.C. 1396d(r));

"(iii) other health and mental health services;

"(iv) therapeutic intervention services for children, including provision of therapeutic nurseries;

"(v) preventive counseling services; and

"(vi) referral to related services, and assistance in establishing eligibility for related services;

"(B) in the case of substance abusers—

"(i) assessment of adult roles other than parenting, including periodic evaluation of social status, economic status, educational level, psychological condition, and skill level;

"(ii) primary health care and mental health services, including prenatal and post partum care for pregnant women;

"(iii) consultation and referral regarding subsequent pregnancies and life options, including education and career planning;

"(iv) remedial education services; and

"(v) referral to related services, and assistance in establishing eligibility for related services; and

"(C) in the case of substance abusers, spouses of substance abusers, extended family members of substance abusers, caretakers of children of substance abusers, and other people significantly involved in the lives of substance abusers or the children of substance abusers—

"(i) therapeutic intervention services, including parental counseling and joint counseling sessions for families and children;

"(ii) child care and respite care services;

"(iii) parenting education services and peer support groups;

"(iv) support services, including, where appropriate, transportation services; and

"(v) aftercare services, including continued support through parent groups and home visits.

"(6) SUBSTANCE ABUSE.—The term 'substance abuse' means the abuse of alcohol or a drug.

"(7) SUBSTANCE ABUSER.—The term 'substance abuser' means a pregnant woman, mother, or father who abuses alcohol or a drug.

"(b) ESTABLISHMENT.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall make grants to eligible entities to pay for the Federal share of the costs of establishing programs to provide community outreach services and services for children of substance abusers.

"(c) USE OF FUNDS.—

"(1) SERVICES PROVIDED.—An eligible entity shall use grants made under subsection (b) to provide, either directly or by contract or agreement—

"(A) the services described in subsection (a)(5)(A) and community outreach services to the children of substance abusers, including children not living with their parents;

"(B) the services described in subsection (a)(5)(B) and community outreach services to substance abusers; and

"(C) the services described in subsection (a)(5)(C) to substance abusers, spouses of substance abusers, extended family members of substance abusers, caretakers of children of substance abusers, and other people significantly involved in the lives of substance abusers or the children of substance abusers.

"(2) SERVICE CHARACTERISTICS.—A program established through a grant made under this section shall—

"(A) provide comprehensive services directed at the needs of the entire family, including caretakers of children of substance abusers;

"(B) be accessible to recipients of community outreach services and services for children of substance abusers;

"(C) maintain the confidentiality of information about substance abusers and children of substance abusers with respect to substance abuse treatment or receipt of community outreach services, services for children of substance abusers, or related services;

"(D) coordinate the referral and provision of services with other services for children of substance abusers, substance abuse treatment services, and related services;

"(E) use service providers from a variety of disciplines;

"(F) provide long-term services; and

"(G) provide a range of services corresponding to the varying needs of recipients of community outreach services and services for children of substance abusers.

"(d) GRANT AWARDS.—In making grants under subsection (b), the Secretary shall ensure that the grants are—

"(1) reasonably distributed among the three types of eligible entities described in subsection (f);

"(2) distributed to an adequate number of eligible entities that—

"(A) provide residential treatment to substance abusers and allow the children of substance abusers to reside with their parents during treatment; or

"(B) provide in-home and community-based services on an out-patient basis; and

"(3) distributed to give priority to areas with a high incidence of poverty and a high incidence of children of substance abusers, infant mortality, and child abuse and neglect.

"(e) APPLICATION.—To be eligible to receive a grant under this section, an entity shall submit an application to the Secretary at such time, in such manner, and con-

taining such information as the Secretary by regulation requires. At a minimum, each application shall contain—

"(1) a description of the services to be provided, which shall meet the requirements of subsection (c)(2);

"(2) information demonstrating the involvement of public agencies responsible for health, mental health, child welfare, education, juvenile justice, and substance abuse treatment programs that the public agencies will cooperate in planning and providing community outreach services, services for children of substance abusers, and substance abuse treatment services;

"(3) information demonstrating that the applicant has established a relationship with child welfare agencies and child protective services that will enable the applicant, where appropriate, to—

"(A) provide advocacy on behalf of substance abusers and the children of substance abusers in child protective services cases;

"(B) provide services to help prevent placement of children in substitute care; and

"(C) promote reunification of families;

"(4) an assurance that the applicant will obtain at least 10 percent of the costs of providing services for community outreach services and services for children of substance abusers from non-Federal funds;

"(5) an assurance that nonresidential programs, if any, will incorporate home-based services;

"(6) an assurance that the applicant will initiate and maintain efforts to enter substance abusers to whom they provide services into appropriate substance abuse treatment programs; and

"(7) an assurance that the applicant will submit to the Secretary an annual report containing—

"(A) a description of specific services and activities provided under the grant;

"(B) information concerning the extent of use of services provided under the grant, including number of referrals to related services;

"(C) information concerning the costs of services provided;

"(D) information concerning—

"(i) the number and characteristics of families, parents, and children served, and an analysis of the number of children served by age;

"(ii) the number of children served who remained with their parents during the period in which entities provided services under this section;

"(iii) the number of children served who were placed in out-of-home care during the period in which entities provided services under this section;

"(iv) the number of children described in clause (iii) who were reunited with their families; and

"(v) the number of children described in clause (iii) who were permanently placed in out-of-home care; and

"(E) such other information as the Secretary determines to be appropriate.

"(f) ELIGIBILITY.—Entities eligible to receive a grant under this section shall include—

"(1) alcohol and drug treatment programs that provide treatment to pregnant women and parents;

"(2) public or private nonprofit entities that provide health or social services to disadvantaged populations, including community-based organizations, hospitals, community health centers, and agencies providing support services to families, and have—

"(A) expertise in applying the services to the particular problems of substance abusers and the children of substance abusers; and

"(B) an affiliation or contractual relationship with one or more substance abuse treatment programs; and

"(3) consortia of public or private nonprofit entities that include at least one substance abuse treatment program.

"(g) FEDERAL SHARE.—The Federal share of grants provided under this section shall be 90 percent. The Secretary shall accept the value of in-kind contributions made by the grant recipient as a part or all of the non-Federal share of grants.

"SEC. 399A. GRANTS FOR SUPPORT TEAMS FOR CARETAKERS OF CHILDREN OF SUBSTANCE ABUSERS.

"(a) DEFINITIONS.—As used in this section:

"(1) CARETAKER OF A CHILD OF A SUBSTANCE ABUSER.—The term 'caretaker of a child of a substance abuser' has the meaning given the term in section 399(a)(1).

"(2) CHILD OF A SUBSTANCE ABUSER.—The term 'child of a substance abuser' has the meaning given the term in section 399(a)(2).

"(b) ESTABLISHMENT.—The Secretary, acting through the Administrator of the Health Resources and Services Administration and in consultation with the Commissioner of the Administration for Children, Youth, and Families, shall make grants to eligible entities to train interdisciplinary teams to provide support to, and arrange services for, caretakers of children of substance abusers.

"(c) USE OF FUNDS.—An entity may use a grant made under subsection (b) to provide training (as specified in subsection (d)), case support, and consultation to interdisciplinary teams of personnel from—

"(1) child protective services or child welfare agencies; and

"(2) public health, mental health, or social services agencies.

"(d) REQUIREMENTS.—An entity that receives a grant under subsection (b) shall provide training—

"(1) that includes instruction on—

"(A) the effects of prenatal substance abuse;

"(B) the implications of prenatal substance abuse on infant care, health, and development; and

"(C) the methods of providing instruction and support for caretakers of children of substance abusers;

"(2) that supports an approach to service delivery that is—

"(A) interagency;

"(B) interdisciplinary;

"(C) comprehensive;

"(D) oriented toward case management; and

"(E) focused on improving the health and development of the child;

"(3) in sessions that include participants from both agencies specified in subsection (c); and

"(4) in classroom, home-based, and clinical settings.

"(e) APPLICATION.—In order for an entity to be eligible for a grant under subsection (b), the entity shall submit an application to the Secretary—

"(1) jointly with representatives of the agencies specified in subsection (c);

"(2) containing assurances by the agencies specified in subsection (c) that the agencies—

"(A) ensure participation by staff members in the training program, and

"(B) agree to continue to use the approach to service delivery described in subsection (d)(2) to address cases involving children of substance abusers; and

"(3) at such time, in such manner, and containing such additional agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

"SEC. 399B. GRANTS FOR HOME-BASED SERVICES FOR AT-RISK FAMILIES.

"(a) DEFINITIONS.—As used in this section:

"(1) ELIGIBLE FAMILY.—The term 'eligible family' means a family that includes—

"(A) a pregnant woman who is at risk of delivering an infant with a health or developmental complication; or

"(B) a child below the age of 3 who has experienced or is at risk for a health or developmental complication.

"(2) HEALTH OR DEVELOPMENTAL COMPLICATION.—The term 'health or developmental complication' means—

"(A) low birthweight;

"(B) a physical or developmental disability; or

"(C) exposure to parental substance abuse.

"(3) HOME VISITING SERVICES.—The term 'home visiting services' means services that provide—

"(A) assistance in obtaining health care, including continuous prenatal care;

"(B) education on pregnancy, infant care, parenting, child development, and child abuse prevention;

"(C) assistance in developing support networks, including relationships with mentors and other female or maternal models;

"(D) assistance in obtaining necessary health, mental health, and social services, including services offered by maternal and child health programs,

the special supplemental food program for women, infants, and children, authorized under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786), and early and periodic screening, diagnostic, and treatment services, as described in section 1905(r) of the Social Security Act (42 U.S.C. 1396d(r));

"(E) respite services; and

"(F) consultation and referral regarding subsequent pregnancies and life options, including education and career planning.

"(4) HOME VISITOR.—The term 'home visitor' means a person who provides home visiting services.

"(b) ESTABLISHMENT.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall make competitive grants to eligible entities to pay for the Federal share of the costs of providing home visiting services to eligible families. The Secretary shall award grants for periods of at least 3 years, but no more than 5 years.

"(c) PURPOSES.—The purposes of this section are—

"(1) to increase the use of prenatal and post partum care;

"(2) to reduce the incidence of infants born prematurely, with low birthweight, or with other impairments associated with maternal substance abuse;

"(3) to assist pregnant women and mothers of children below the age of 3 whose children have experienced, or are at risk of experiencing, a health or developmental complication in obtaining treatment for drug or alcohol abuse and other services necessary to meet the special needs of the women;

"(4) to reduce the incidence of child abuse and neglect; and

"(5) to promote other measures to encourage appropriate growth and development of children.

"(d) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to entities that—

"(1) have experience in providing outreach services and preventive public health services to at-risk populations; and

"(2) have demonstrated a commitment to serving low income and uninsured individuals and families.

"(e) APPLICATION.—To be eligible to receive a grant under this section, an entity shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary by regulation requires. At a minimum, each application shall contain—

"(1) a description of the population to be targeted for home visiting services;

"(2) a description of the objectives to be met by the services provided by the entity, and a plan for measuring progress toward the objectives;

"(3) a description of the services to be provided by the entity and the means the entity will use to provide outreach to eligible families;

"(4) information demonstrating the existence of adequate health and social services in the community and the ability of the applicant to obtain access to the services for eligible families;

"(5) assurances that the entity will provide case planning for eligible families that incorporates an interdisciplinary approach and, to the extent practicable, interagency involvement;

"(6) a description of the types and qualifications of home visitors used by the entity, including assurances that the home visitors will receive training in recognizing and addressing, or making referrals to address, parental substance abuse and its effects on children;

"(7) a description of the process by which the entity will provide continuing training, adequate supervision, and sufficient support to home visitors to ensure that home visitors are competent to render effective home visiting services;

"(8) assurances that the entity will provide home visiting services conducted by—

"(A) public health nurses, social workers, or other health or mental health professionals who are trained or have experience in home visiting services; or

"(B) teams of home visitors, which shall include at least one individual described in subparagraph (A) and which may include volunteers trained in home visiting services;

"(9) assurances that the entity will provide home visiting services with reasonable frequency—

"(A) to families with pregnant women, as early in the pregnancy as is practicable, and until the infant reaches at least 1 year of age;

"(B) to other eligible families, for at least 1 year;

"(10) assurances that, in allocating home visiting services to eligible families, the entity will give priority to the families of women who abuse drugs or alcohol and seek or are referred for treatment;

"(11) assurances that the entity will deliver home visiting services in a manner that accords proper respect to the cultural traditions of the eligible families;

"(12) information demonstrating that the applicant is familiar with the socioeconomic and cultural groups who will receive home visiting services from the entity;

"(13) an assurance that the applicant will obtain at least 10 percent of the costs of providing home visiting services from non-Federal funds;

"(14) an assurance that the applicant will spend no more than 10 percent of the Federal funds received under this subpart on other administrative costs, exclusive of training; and

"(15) an assurance that the applicant will submit the report required by section 399C(b).

"(f) ELIGIBILITY.—Entities eligible to receive a grant under this section shall include public and private nonprofit entities that provide health or other social services to disadvantaged populations, including community-based organizations, hospitals, community health centers, and agencies providing support services to families.

"(g) FEDERAL SHARE.—The Federal share of grants provided under this section shall be 90 percent. No more than 10 percent of Federal funds provided under this subpart may be used for other administrative costs, exclusive of training.

"SEC. 399C. COORDINATION AND EVALUATION.

"(a) COORDINATION.—In carrying out the provisions of this part the Secretary shall ensure coordination of the activities and services assisted under this part with the activities and services assisted under section 509F, and shall ensure coordination with and consultation regarding expanding and improving services for parents who are substance abusers and their children, among—

"(1) the Administrator of the Health Resources and Services Administration;

"(2) the Administrator of the Alcohol, Drug Abuse, and Mental Health Administration;

"(3) the Commissioner of the Administration for Children, Youth, and Families; and

"(4) other appropriate officials within the Department of Education.

"(b) SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS.—

"(1) EVALUATION.—The Secretary shall conduct evaluations to determine the effectiveness of programs supported under section 399—

"(A) in reducing the incidence of alcohol and drug abuse among substance abusers participating in the programs;

"(B) in preventing adverse health conditions in children of substance abusers;

"(C) in improving the health, developmental, educational, behavioral, and psychological status of children receiving services under the program; and

"(D) in reducing the incidence of out-of-home placement for children whose parents receive services under the program.

"(2) REPORT.—The Secretary shall annually prepare and submit to appropriate committees of Congress a report that contains a description of programs carried out under section 399. At a minimum, the report shall contain—

"(A) information concerning the number and type of programs receiving grants;

"(B) information concerning the type and use of services offered;

"(C) information concerning—

"(i) the number and characteristics of families, parents, and children served;

"(ii) the number of children served who remained with their parents during the period in which entities provided services under section 399;

"(iii) the number of children served who were placed in out-of-home care during the period in which entities provided services under section 399;

"(iv) the number of children described in clause (iii) who were reunited with their families; and

"(v) the number of children described in clause (iv) who were permanently placed in out-of-home care;

analyzed by the type of eligible entity described in section 399(f) that provided services;

"(D) an analysis of the access provided to, and use of, related services through programs carried out under section 399; and

"(E) a comparison of the costs of providing services through each of the types of eligible entities described in section 399(f).

"(c) HOME-BASED SERVICES.—

"(1) REPORT.—An entity that receives a grant under section 399B shall submit an annual report on the services provided under section 399B to the Secretary in such manner and containing such information as the Secretary by regulation requires. At a minimum, the entity shall report information concerning eligible families, including—

"(A) characteristics of the families and children;

"(B) the use, type, and location of the provider of preventive health services, including prenatal, primary infant, and child health care;

"(C) the incidence of low birthweight and premature infants;

"(D) the length of hospital stays for post partum women and their children;

"(E) the incidence of child abuse and neglect for all children within participating families;

"(F) the number of emergency room visits for routine health care; and

"(G) the number and type of referrals made for other social services.

"(2) EVALUATION.—The Secretary shall periodically conduct evaluations to determine the impact of programs supported under section 399B on the criteria specified in paragraph (1).

"SEC. 399D. AUTHORIZATION OF APPROPRIATIONS.

"(a) SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS.—There are authorized to be appropriated to carry out section 399 $50,000,000 for each of the 1991 and subsequent fiscal years.

"(b) SUPPORT TEAMS.—There are authorized to be appropriated to carry out section 399A $5,000,000 for each of the 1991 and subsequent fiscal years.

"(c) HOME-BASED SERVICES.—There are authorized to be appropriated to carry out section 399B $20,000,000 for the 1991 fiscal year and such sums as may be necessary for subsequent fiscal years.".

SEC. 404. STUDY.

Not later than 1 year from the date of enactment of this Act, the Secretary of Health and Human Services shall study and report to the Senate Committee on Labor and Human Resources and the House Committee on Education and Labor on—

(1) the various efforts within the Department of Health and Human Services to address the needs of parents who are substance abusers and the needs of the children of such parents; and

(2) the ways in which—

(A) coordination among the efforts described in paragraph (1) can be improved; and

(B) duplication of the efforts described in paragraph (1), if any, can be reduced.

TITLE V—ANTI-DRUG EDUCATION

SEC. 501. SHORT TITLE.

This title may be cited as the "Anti-Drug Education Act of 1990".

SEC. 502. STRENGTHENING OF DRUG-FREE SCHOOL ZONES.

(a) GENERAL AUTHORITY.—Paragraph (8) of section 5122(a) of the Drug-Free Schools and Communities Act of 1986 (20 U.S.C. 3192(a)) is amended by striking the period and inserting the following: ", which shall include—

"(A) the determination, with the assistance of municipal authorities and local law enforcement agencies, as appropriate, of the geographical boundaries of schools within the State and the posting of signs identifying school properties as drug-free school zones;

"(B) drug-abuse education and prevention programs and enforcement policies designed to eliminate the illicit use of alcohol and drugs in such zones;

"(C) assisting teachers, administrators, athletic directors, and other school personnel in cooperating fully with law enforcement officials to punish violations of laws relating to illegal drugs;

"(D) informing the community—

"(i) of the content and intent of laws relating to school safety and laws relating to illegal drugs as they affect schoolchildren; and

"(ii) of the perimeters of the drug-free school zones;

"(E) employing the services of the local or substate regional advisory council on drug abuse education and prevention established or designated by the local application submitted under section 5126(a) as a resource for advice and support with respect to implementation of such zones; and

"(F) communication to students, teachers, athletic directors, and other school personnel by administrators that activities that are illicit and harmful to the health and well-being of the students will not be tolerated within schools and their surrounding environments.".

(b) CONFORMING AMENDMENT.—Subsection (a) of section 5137 of the Drug-Free Schools and Communities Act of 1986 (20 U.S.C. 3217) is amended by inserting before the period at the end of the first sentence the following: "as described in section 5122(a)(8)".

SEC. 503. REPLICATION OF SUCCESSFUL DRUG ABUSE EDUCATION PROGRAMS.

Part D of the Drug-Free Schools and Communities Act of 1986 (20 U.S.C. 3211 et seq.) is amended by adding at the end the following:

"SEC. 5138. PROGRAMS OF DRUG ABUSE EDUCATION, PREVENTION, OR COUNSELING.

"(a) PROGRAM AUTHORIZED.—The Secretary is authorized to make grants to local educational agencies or consortia of local educational agencies and private nonprofit entities to provide drug abuse education, prevention, or counseling services to students in kindergarten through grade 12.

"(b) ELIGIBILITY.—A local educational agency or consortium described in subsection (a) shall not be eligible for a grant under this section unless such agency or consortium agrees—

"(1) to use assistance provided under such grant to provide or arrange for the provision of programs offering drug abuse education, prevention, or counseling to students of compulsory school age, including—

"(A) programs to provide drug abuse counseling in the schools by trained personnel;

"(B) programs that stress the use of peers to combat student abuse of drugs and alcohol;

"(C) programs that stress parental involvement in combating student abuse of drugs and alcohol; and

"(D) other appropriate programs;

"(2) that programs provided with assistance under the grant shall be designed to prevent or eliminate student abuse of drugs or alcohol;

"(3) to use assistance provided under the grant to expand or replicate a program that has a demonstrated record of success at either the State or local level in preventing or eliminating student abuse of drugs or alcohol; and

"(4) to ensure that the program to be expanded or replicated is appropriate for the students to be served, based on an assessment of their most important needs.

"(c) APPLICATION.—A local educational agency or consortium described in subsection (a) that desires to receive a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing or accompanied by such information and assurances as the Secretary may reasonably require. Each such application shall contain—

"(1) a discussion of why the particular program to be assisted under the grant is appropriate for and responds to the particular needs of the students to be served;

"(2) a complete description of the success of the program to be assisted under the grant in reducing or eliminating drug or alcohol abuse among students of compulsory school age;

"(3) an assurance that the consortium concerned will provide assistance, in cash or in kind, for the program assisted under the grant in an amount equal to not less than 10 percent of the amount provided under the grant; and

"(4) an assurance that funds received under the grant shall be used to supplement, not supplant, the amount of other Federal, State, and local funds expended for support of programs of the type described in subsection (b).

"(d) AUTHORIZATION OF APPROPRIATIONS.—(1) There are authorized to be appropriated $5,000,000 for fiscal year 1991 and each succeeding fiscal year thereafter to carry out the provisions of this section.

"(2) Funds appropriated pursuant to the authority of paragraph (1) shall remain available until expended.".

SEC. 504. SUPPORT OF SCHOOL-BASED RECREATIONAL ACTIVITIES.

Section 5125(a) of the Drug-Free Schools and Communities Act of 1986 (20 U.S.C. 3195(a)) is amended—

(1) by redesignating paragraph (14) as paragraph (16);

(2) by redesignating paragraph (13) the second place it appears as paragraph (14);

(3) by striking "and" at the end of paragraph (14) (as redesignated by paragraph (2) of this section); and

(4) by inserting after paragraph (14) the following:

"(15) in the case of a local educational agency that determines that it provides sufficient drug and alcohol abuse education during regular school hours, after-school programs that provide drug and alcohol abuse education for school-aged children, including children who are unsupervised after school, and that may include school-sponsored sports, recreational, educational, or instructional activities; and".

SEC. 505. SUPPORT OF SCHOOL-BASED DRUG ABUSE COUNSELING PROGRAMS.

(a) GENERAL AUTHORITY.—Part C of the Drug-Free Schools and Communities Act of 1986 (20 U.S.C. 3201) is amended to read as follows:

"PART C—TRAINING OF TEACHERS, COUNSELORS, AND SCHOOL PERSONNEL

"SEC. 5128. GRANTS FOR TRAINING OF TEACHERS.

"(a) IN GENERAL.—From amounts appropriated pursuant to the authorization contained in section 5111(a)(2), the Secretary shall make grants to State educational agencies, local educational agencies, and institutions of higher education for teacher training programs in accordance with this section.

"(b) USE OF FUNDS.—Amounts made available under grants under this section shall be used to establish, expand, or enhance programs and activities for the training of elementary and secondary school teachers and administrators, and other elementary and secondary school personnel concerning drug and alcohol abuse education and prevention.

"SEC. 5129. GRANTS FOR TRAINING OF COUNSELORS.

"(a) IN GENERAL.—

"(1) From amounts appropriated pursuant to the authorization contained in section 5111(a)(2), the Secretary shall give priority to making a substantial number of grants to qualified State educational agencies, local educational agencies, and institutions of higher education for programs to train counselors, social workers, psychologists, or nurses in accordance with this section.

"(2) The Secretary may also make a grant under this part to any private nonprofit agency that has an agreement with a local educational agency to provide training in drug abuse counseling for individuals who will provide such counseling in the schools of such local educational agency.

"(b) USE OF FUNDS.—Amounts made available under grants under this section shall be used to establish, expand, or enhance programs and activities for the training of counselors, social workers, psychologists, or nurses who are providing or will provide drug abuse prevention, counseling, or referral services in elementary and secondary schools.

"SEC. 5130. APPLICATIONS.

"(a) IN GENERAL.—Any State or local educational agency, institution of higher education, or consortium of such agencies or institutions that desires to receive a grant under this part in any fiscal year shall submit an application to the Secretary at such time and in such manner as the Secretary may prescribe.

"(b) CONTENTS.—Each application submitted under this section shall—

"(1) set forth the activities and programs to be carried out with funds paid under this part;

"(2) contain an estimate of the cost for the establishment and operation of such activities and programs;

"(3) provide assurances that the Federal funds made available under this section shall be used to supplement, and, to the extent practical, to increase the level of funds that would, in the absence of such Federal funds, be made avail-

able by the applicant for the purpose described in this part, and in no case to supplant such funds;

"(4) provide assurances of compliance with this part;

"(5) in the case of a grant under section 5129, contain a discussion of how the training to be assisted under the grant will assist the applicant to—

"(A) increase the number of school personnel who are trained to provide drug abuse counseling services; and

"(B) improve the quality of drug abuse counseling services offered by the applicant or the local educational agency concerned; and

"(6) include such other information and assurances as the Secretary reasonably determines to be necessary.".

(b) AUTHORIZATION OF APPROPRIATIONS.—Subparagraph (A) of section 5111(a)(2) of the Drug-Free Schools and Communities Act of 1986 (20 U.S.C. 3181(a)(2)) is amended by striking "$35,000,000" and inserting "$50,000,000".

SEC. 506. ADDITIONAL REQUIREMENTS FOR LOCAL APPLICATIONS.

Section 5126(a)(2) of the Drug-Free Schools and Communities Act of 1986 (20 U.S.C. 3196(a)(2)) is amended—

(1) by redesignating subparagraphs (N), (O), (P), (Q), and (R) as subparagraphs (P), (Q), (R), (S), and (T), respectively; and

(2) by inserting after subparagraph (M) the following:

"(N) describe how, to the extent practicable, assistance provided under the grant will be used to provide drug abuse counseling services to children of all ages, including students in the elementary schools;

"(O) describe how, to the extent practicable, activities assisted under the grant will be coordinated with local law enforcement agencies in order to improve security on school grounds and in the surrounding community and to educate students about—

"(i) the dangers of drug use and drug-related violence;

"(ii) the penalties for possession of or trafficking in illegal drugs;

"(iii) techniques for resisting drug abuse; and

"(iv) the importance of cooperating with law enforcement officials in eliminating drug abuse and identifying individuals who supply drugs to students;".

SEC. 507. IDENTIFICATION OF FEDERALLY-ASSISTED PROGRAMS.

Part G of the Drug-Free Schools and Communities Act of 1986 (20 U.S.C. 3231 et seq.) is amended by adding at the end the following:

"SEC. 5193. IDENTIFICATION OF FEDERALLY-ASSISTED PROGRAMS.

"Every local recipient of funds under this title shall, in any publication or public announcement, clearly identify any program assisted under this title as a Federal program funded under the Drug-Free Schools and Communities Act of 1986.".

SEC. 508. TECHNICAL AMENDMENTS.

(a) RESERVATIONS AND STATE ALLOTMENTS.—Subsection (a) of section 5112 of the Drug-Free Schools and Communities Act of 1986 (20 U.S.C. 3182) is amended in the matter preceding paragraph (1) by inserting ", from" after "subsection (c)".

(b) RESPONSIBILITIES OF STATE EDUCATIONAL AGENCIES.—

(1) CORRECTION OF PUNCTUATION.—Section 5124(a)(4)(B) of the Drug-Free Schools and Communities Act of 1986 (20 U.S.C. 3194(a)(4)(B)) is amended by striking the comma at the end of clause (ii) and inserting a period.

(2) CORRECTION OF REFERENCE.—Section 7(2) of the Drug-Free Schools and Communities Act Amendments of 1989 is amended in subparagraph (A) by inserting "the first place it appears" before "the following".

(c) FEDERAL ACTIVITIES.—Section 5132(b) of the Drug-Free Schools and Communities Act of 1986 (20 U.S.C. 3212) is amended by striking "and" at the end of paragraph (5).

(d) CERTIFICATION OF DRUG AND ALCOHOL ABUSE PREVENTION PROGRAMS.—Section 22(b) of the Drug-Free Schools and Communities Act Amendments of 1989 is amended—

(1) in paragraph (1), by striking "Part D" and inserting "Part E"; and

(2) in paragraph (2), by striking "5126(e)" and inserting "5126(a)".

(e) DISSEMINATION OF INFORMATION AND TECHNICAL ASSISTANCE.—Section 18 of the Drug-Free Schools and Communities Act Amendments of 1989 is amended by striking "Part D" and inserting "Part E".

(f) LIMITATION.—The amendments made by this section shall not take effect if the Drug Abuse Resistance Education Act of 1990 is enacted before the enactment of this Act.

TITLE VI—MISCELLANEOUS PROVISIONS

SEC. 601. STUDY ON THE RELATIONSHIP BETWEEN THE CONSUMPTION OF LEGAL AND ILLEGAL DRUGS.

(a) PURPOSES.—The purpose of this study is to provide the Secretary of Health and Human Services (hereafter in this section referred to as the "Secretary") and the Congress with assistance in designing prevention programs to reduce the likelihood of drug abuse.

(b) STUDY.—The Secretary of Health and Human Services shall review and consider all existing relevant data and research concerning whether there is a relationship between an individual's receptivity to use or consume legal drugs and the consumption or abuse by the individual of illegal drugs. On the basis of such review, the Secretary shall determine whether additional research is necessary. If the Secretary determines additional research is necessary, the Secretary shall conduct a study of those subjects where the Secretary's review indicates additional research is needed, including, if necessary, a review of—

(1) the effect of advertising and marketing campaigns that promote the use of legal drugs on the public;

(2) the correlation of legal drug abuse with illegal drug abuse; and

(3) other matters that the Secretary determines appropriate.

(b) REPORT.—Not later than 12 months after the date of enactment of this Act, the Secretary shall prepare and submit, to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate, a report containing the results of the review conducted pursuant to subsection (a). If the Secretary determines additional research is required, no later than 2 years after the date of enactment of this Act, the Secretary shall prepare and submit, to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate, a report containing the results of the additional research conducted pursuant to subsection (a).

SEC. 602. STUDY OF PREPAREDNESS OF SCHOOL DISTRICTS TO ACCOMMODATE DRUG AND ALCOHOL EXPOSED STUDENTS.

Not later than September 30, 1991, the Secretary of Education shall prepare and submit, to the appropriate Committees of Congress and to the President, a report concerning the preparedness of the school system of the United States to meet the special needs of children born affected by alcohol or drugs. Such report shall include—

(1) a national assessment of the educational needs of children who are born affected by alcohol or drugs and of the extent to which such needs are being met from Federal, State, and local efforts;

(2) a plan, including cost estimates, to be carried out during the 5-year period beginning on September 30, 1991, for extending existing special education programs to all pre-school and elementary school children born affected by alcohol or drugs, including a phased plan for the training of the necessary teachers and other education personnel necessary for such purpose;

(3) a statement of the additional activities intended to be carried out during the period described in paragraph (2), including an estimate of the cost of such activities; and

(4)(A) an assessment of the number of teachers and other educational personnel needed to carry out the additional activities described in paragraph (3);

(B) a statement describing the activities designed to prepare teachers and other educational personnel for the additional activities described in paragraph (3); and

(C) the number of other educational personnel needed to carry out additional activities for children born affected by alcohol or drugs.

SEC. 603. CHILD ABUSE PREVENTION AND TREATMENT ACT.

Section 114(a) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106h(a)) is amended—

(1) by striking "$48,000,000 for fiscal year 1988" and inserting "$68,000,000 for fiscal year 1991";

(2) by striking "1989, 1990, and 1991" and inserting 1992, 1993, and 1994"; and

(3) by striking "$9,000,000" and inserting "$29,000,000".

SEC. 604. CLARIFICATION OF "MIXTURE OR SUBSTANCE".

Section 841(b)(1) of title 21, United States Code, is amended by inserting the following new subsection at the end thereof:

"(E) In determining the weight of a 'mixture or substance' under this section, the court shall not include the weight of—

"(i) the carrier upon which the controlled substance is placed or by which it is transported; or

"(ii) any chemical or other substance used in the manufacture of the controlled substance and then discarded.".

SEC. 605. REPLICATION OF SUCCESSFUL DRUG ABUSE EDUCATION PROGRAMS.

Part D of the Drug-Free Schools and Communities Act of 1986 (20 U.S.C. 3211 et seq.) (as amended in section 504) is amended by adding at the end the following:

"SEC. 5139. DRUG ABUSE RESISTANCE EDUCATION PROGRAMS.

"(a) PROGRAM AUTHORIZED.—The Secretary is authorized to award grants to consortia of local educational agencies and entities that have experience in assisting local educational agencies to provide instruction to students in kindergarten through grade 6 designed to teach such students to recognize and resist pressures that influence such students to use illicit drugs or alcohol.

"(b) SERVICES.—A consortium described in subsection (a) shall not be eligible for a grant under this section unless such consortium agrees to use assistance provided under such grant to provide or arrange for the provision of services that shall include—

"(1) drug abuse resistance education instruction for students in kindergarten through grade 6 that is designed to teach such students to recognize and resist pressures that influence such students to use illicit drugs or alcohol, including instruction in the areas of—

"(A) drug use and misuse;

"(B) understanding the consequences;

"(C) resistance techniques;

"(D) assertive response styles;

"(E) managing stress without taking drugs;

"(F) decisionmaking and risk-taking;

"(G) media influences on drug use;

"(H) positive alternatives to drug abuse;

"(I) interpersonal and communication skills;

"(J) activities designed to build self-esteem;

"(K) resistance to peer pressure;

"(L) role modeling;

"(M) forming a support system; and

"(N) the role of police and practices for student safety;

"(2) provisions for parental involvement;

"(3) classroom instruction by uniformed law enforcement officials, coupled with activities taught by the regular classroom teacher;

"(4) the use of positive student leaders to influence younger students not to use drugs;

"(5) an emphasis on activity-oriented techniques designed to encourage student-generated responses to problem-solving situations; and

"(6) the awarding of a certificate of achievement to each student who participates in a drug abuse resistance education program.

"(c) APPLICATION.—A consortium described in subsection (a) that desires to receive a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing or accompanied by such information and assurances as the Secretary may reasonably require. Each such application shall contain—

"(1) an assurance that the consortium concerned will provide assistance, in cash or in kind, for the services assisted under the grant in an amount equal to not less than 10 percent of the amount provided under the grant; and

"(2) an assurance that funds received under the grant shall be used to supplement, not supplant, the amount of other Federal, State, and local funds expended for support of services of the type described in subsection (b).

"(d) AUTHORIZATION OF APPROPRIATIONS.—(1) There are authorized to be appropriated $15,000,000 for fiscal year 1991 and each succeeding fiscal year thereafter to carry out the provisions of this section.

"(2) Funds appropriated pursuant to the authority of paragraph (1) shall remain available until expended.".

SEC. 606. DRUG SALVAGER COMPENSATION PROGRAM.

Chapter VII of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 371 et seq.) is amended by adding at the end thereof the following new section:

"SEC. 710. DRUG SALVAGER COMPENSATION PROGRAM.

"(a) PURPOSE.—It is the purpose of this section to establish a program to decrease the availability of drugs that are acquired through salvage of shipments of pharmaceuticals and controlled substances through the provision of assistance to salvagers of such products to enable such salvagers to return such product to the manufacturer or to destroy such product.

"(b) ESTABLISHMENT.—The Commissioner, in consultation with the Administrator of the Drug Enforcement Administration, shall establish a drug salvager compensation program (hereinafter referred to in this section as the 'program') to carry out the purpose described in subsection (a).

"(c) CONTRACTS.—

"(1) IN GENERAL.—To carry out the program the Commissioner, in consultation with the Administrator of the Drug Enforcement Administration, shall enter into contracts with private nonprofit or profit making entities that acquire pharmaceuticals and controlled substances through the salvage of shipments of such products.

"(2) REQUIREMENT.—A contract entered into under paragraph (1) shall require the entity that is subject to the contract to return any pharmaceuticals and controlled substances acquired by such entity through salvage to the manufacturer or to destroy such products if the manufacturer cannot be determined.

"(3) COMPENSATION.—In exchange for entering into a contract under paragraph (1), the Commissioner shall reimburse such entity for any costs incurred by such entity in complying with the requirement of paragraph (2).

"(d) DEA NUMBERS.—Entities that are subject to a contract under subsection (c) shall be assigned a Drug Enforcement Administration number and shall be considered as an appropriate recipient of any controlled substances salvaged and disposed of under this section.

"(e) REPORTS.—

"(1) ENTITIES.—Entities that are subject to a contract under subsection (c) shall prepare and submit, to the Commissioner and the Administrator of the Drug Enforcement Administration, quarterly reports concerning their activities under this section.

"(2) CONGRESSIONAL.—Not later than 90 days after the end of each fiscal year, the Secretary, in consultation with the Attorney General, shall prepare and submit, to the Committee on Energy and Commerce and Judiciary of the House of Representatives and the Committee on Labor and Human Resources and Judiciary of the Senate, a report concerning the amount of drugs that have been obtained through salvage and disposed of under this section.

"(f) FUNDING.—The Secretary shall use amounts contained in the Department of Justice Asset Forfeiture Fund to carry out this section.".

I. INTRODUCTION

On May 17, 1990, Senator Kennedy introduced S. 2649, a bill to provide for improved drug abuse treatment and prevention. The bill was referred to the Committee on Labor and Human Resources, which considered the proposed legislation at its executive session of September 12, 1990. At that time, Chairman Kennedy offered an amendment in the nature of the substitute, which was cosponsored by the ranking minority member, Senator Hatch. By unanimous voice vote, the Committee adopted the Kennedy/Hatch substitute, and by a recorded vote of 16–0, the Committee voted to report favorably the bill as amended.

The bill's purpose is two fold: to improve existing drug abuse treatment and prevention programs and to authorize additional programs which will target scarce resources to afflicted populations and special needs.

II. NEED FOR LEGISLATION

Drug abuse in America remains a disease of epidemic proportions. Its symptoms have spread to every corner of our society and beyond. The epidemic manifests itself in shattered lives, devastated

families, and overburdened courtrooms and emergency rooms throughout the country.

Historians remind us that we have been fighting one drug war or another for decades. But the release of the Bush Administration's first anti-drug strategy last September brought a new sense of energy to our efforts.

One year after the release of the strategy, it is too soon to say whether these efforts have borne fruit. Some encouraging historical trends, such as the decline in drug use among high school seniors, have continued. But this is no time for curtain calls or complacency, especially since there are many pockets of society that have not enjoyed any measure of improvement. There is much to be done in the ongoing effort to combat drug abuse in this country.

Law enforcement plays an indispensible role in this effort, but it cannot do the job alone. The long-term solution to the drug epidemic will not be found in a distant coca field in Colombia, or in an overcrowded holding cell in an inner city police precinct. Instead, real gains against drugs will be made when youngsters are persuaded that drug use is harmful, when communities rally to create a climate in which drug use is unacceptable, and when treatment is available for all who wish to rid themselves of a drug habit.

A. TREATMENT WORKS

Drug abuse is a crime, but it is also a disease. It is, in fact, a disease we can treat with a fair degree of success. Just an medical advances have enabled us to treat a variety of debilitating mental and physical illnesses that had previously been thought to be "incurable," so are we now able to reach a significant conclusion: drug treatment works.

The drug treatment literature has been significantly enhanced by the publication this month of a volume entitled "Treating Drug Problems." Prepared by the Institute of Medicine (IOM), under the sponsorship of the National Institute on Drug Abuse (NIDA), this blue ribbon panel effort has been endorsed both by the Administration and its critics. The drafters of the report noted the need for more fully controlled clinical trials in the field of treatment research, but were nontheless able to document the finding that "methadone maintenance, therapeutic communities, and outpatient nonmethadone treatment are cost-beneficial" (p. 18). This conclusion led IOM to call for vastly enhanced treatment resources.

The IOM study builds upon the work of others. Of particular importance is the October 1989 publication of the Treatment Outcome Prospective Study (TOPS), a longitudinal study conducted by the Research Triangle Institute under the sponsorship of NIDA. The study followed 10,000 patients admitted to treatment in 10 cities across the country beginning in 1979, 1980, and 1981. The research covered a variety of treatment modalities.

Three to five years after treatment, less than 20 percent of clients in any modality were regular users of any drug except marijuana. Three to five years after treatment, abstinence rates averaged about 40 percent to 50 percent and improvement rates were 70 percent to 80 percent. Three to five years after treatment, the proportion of clients involved in predatory crimes was one-third to

one-half of pre-treatment levels in all modalities. All treatment modalities resulted in significant gains in the percentage of clients employed full time after treatment.

The cost-effectiveness of drug treatment is a recurring theme in the literature. For example, a UCLA study conducted by Dr. Victor Tabbush and published in March 1986 found that treatment programs are "* * * highly cost-effective. Overall, benefits of treatment for all categories of drug abuse and in all modalities exceed costs by a wide margin." Dr. Tabbush concluded that every dollar spent on drug treatment results in a savings of $11.54 in social costs.

Recently, the Office of National Drug Control Policy (ONDCP) published a White Paper entitled, "Understanding Drug Treatment." While some criticized the paper for failing to endorse the goal of treatment on demand, none could find fault with its central finding: "We now know on the basis of more than two decades of research that drug treatment can work. It can help turn many drug addicted people into productive, law-abiding citizens." Drug Policy Director William Bennett echoed this endorsement during his testimony before the Committee on Labor and Human Resources on April 21, 1990.

To be sure, there is much we need to learn about ways to make treatment work better. For example, the ONDCP White Paper pointed out the importance of matching up particular categories of drug abusers with particular modalities. But at the same time that we work to improve treatment outcomes, we must strive to expand treatment opportunities.

There is an urgent need for expanded drug treatment capacity in the United States. It is estimated that there are at least six million drug addicts in the United States, and a recent study released by the staff of the Senate Judiciary Committee based on drug testing of arrestees and other indicia suggests that some 2.2 million people may be hard-core cocaine addicts.

The 1990 Institute of Medicine study cited earlier described a national treatment infrastructure that has been neglected and has therefore been eroding steadily for more than a decade. The IOM concluded that approximately 5.5 million Americans need treatment and that it would cost $2 billion over current funding levels to provide appropriate services to them.

The National Drug Strategy estimates that 25 percent of all addicts will not benefit from treatment, and 25 percent of all addicts can overcome addiction without treatment. Therefore, 50 percent of all addicts, at least three million individuals, would benefit from treatment. Yet the current treatment system serves only 834,000 according to ONDCP, and only 518,000 according to the National Association of State Alcohol and Drug Abuse Directors (NASADAD).

In any event, we are far short of the fundamental goal Congress set forth in section 2012(5) of the Anti-Drug Abuse Act of 1988 (Public Law 100-690): "to increase, to the greatest extent possible, the availability and quality of treatment services so that treatment on request may be provided to all individuals desiring to rid themselves of their substance abuse problem."

Recent funding increases will serve to increase treatment capacity in the United States, although estimates vary on the extent to which the current need will be addressed. That need is substantial: An October 1989 NASADAD study of 41 states and the District of Columbia reported that a total of 1.3 million people are receiving drug and/or alcohol treatment, while 10.5 million additional people need such treatment.

One manifestation of the need for expanded treatment is the so-called "waiting list" phenomenon. Thousands of addicts who need, want, and would benefit from treatment are turned away at the clinic door because there are too few treatment slots. This is unacceptable.

A September 1989 NASADAD survey found that over 66,000 people were on drug treatment waiting lists on a given day. One half had been on a list longer than 30 days. The average waiting period was found to be 21 days for outpatient programs and 43 days for inpatient programs. Yet such surveys underestimate the magnitude of need because many programs do not keep waiting lists and many addicts do not leave names.

Thus, the need for treatment is great. This legislation is not a panacea, but it is intended to improve current federal efforts in this area and to target resources to underserved populations and special needs.

B. DRUG ABUSE PREVENTION WORKS

Just as the field of substance abuse treatment has benefited from the dissemination of recent research findings demonstrating its effectiveness, so too has the field of substance abuse prevention.

One important bellwether of prevention efforts is the annual National High School Senior Survey sponsored by NIDA. The 1990 results of the survey were extremely telling because they highlighted a multi-year trend: Among seniors, a 41 percent increase in the perceived harmfulness of cocaine since 1977 has resulted in the 31% decrease in its use, despite the fact that the perceived availability of cocaine has increased in the past 15 years.

Similarly, a 14 percent increase in the perceived harmfulness of marijuana has resulted in a 17 percent decrease in its use, despite the fact that the perceived availability of marijuana has remained constant in the past 15 years.

Research specifically designed to measure the effectiveness of drug prevention programs has been equally encouraging. The Kansas City STAR Project, a NIDA-funded research effort under the direction of University of Southern California Professor Mary Ann Pentz, studied the effectiveness of a specially constructed comprehensive drug education program in the Kansas City and Indianapolis schools.

Students exposed to the project were 24 percent less likely to engage in gateway drug use by the fifth grade, 57 percent less likely to engage in heavy marijuana use by the 10th grade, and 38 percent less likely to engage in cocaine use by the 10th grade. The STAR Program cut the number of students using cocaine by the 10th grade from 3.7 percent to 1.4 percent.

Also noteworthy is the Seattle Social Development Project, under the direction of Dr. David Hawkins. This program targets children in the early primary grades and has had encouraging results; students exposed to the program were 25 percent less likely to use gateway drugs by the 5th grade.

Finally, optimism has been generated by the publication of findings from Project Alert, a RAND study of a comprehensive drug prevention program in 30 California and Oregon communities. The program cut marijuana initiation by a third, and also reduced frequent marijuana use by students who had already experimented with the drug. Project ALERT prompted many cigarette experimenters to quit and reduce by 50 percent to 60 percent the number of those high-risk students who would have become heavier smokers. The program was at least as effective in schools with 50 percent or more minority enrollment, and sometimes even more so.

It is against this background of documented success in the effort to reduce the demand for drugs through education, prevention and treatment that the Committee has fashioned omnibus demand reduction legislation.

C. THE NEED FOR THE "PHARMACOTHERAPY DEVELOPMENT ACT"

Title III of the bill embodies portions of a proposal advanced by Senators Biden and Kennedy to be cited as the "Pharmacotherapy Development Act." A comprehensive analysis of the need for this section of the legislation is contained in a Senate Judiciary Committee staff report dated December 13, 1989 entitled "Pharmacotherapy: A Strategy for the 1990's." That report is hereby incorporated by reference.

D. THE NEED FOR THE "CHILDREN OF SUBSTANCE ABUSERS ACT"

Title IV of the bill embodies a proposal advanced by Senator Dodd to be cited as the "Children of Substance Abusers Act." A unique set of concerns has given rise to this section of the legislation, and its background is therefore presented separately at this point.

The increase in the use of cocaine by women in recent years has raised serious concerns about its effect on children. Much attention has centered on infants exposed to drugs before birth. It has become increasingly apparent, however, that older children living in homes where substance abuse is present also are at risk for abuse and neglect, as well as for psychological and emotional problems.

Parental substance abuse has implications for a broad range of human services systems. The greatest impact to date, however, has been on the child welfare system. This system, which provides child protective, family preservation, and foster care services, has become the system of last resort for troubled families, a signal that other systems which might help them avoid the need for child welfare services are unable to cope. A critical gap in services is the lack of treatment suitable for women who are pregnant or have children.

(i) Drug-exposed infants

Estimates of the magnitude of perinatal drug exposure vary. The most widely-cited estimate, based on a survey by the National Association for Perinatal Addiction Research and Education (NAPARE), is that 375,000 infants are exposed to some illegal drug before birth. The Administration has estimated that 100,000 infants are exposed specifically to cocaine before birth. In a report released at a March 8, 1990, hearing held by the Subcommittee on Children, Family, Drugs, and Alcohol, the Office of the Inspector General of the Department of Health and Human Services cited numbers of crack-exposed children consistent with the Administration's estimate.

Infants exposed to cocaine before birth are more likely to have a low birthweight and to be born prematurely. Other complications identified include the possibility of permanent brain damage, abnormal organ development, seizures, and neurological deficits. Dr. Ira Chasnoff, President of NAPARE, testified before the Subcommittee on March 8, 1990, that some of the characteristics of prenatal cocaine exposure persist for several months. He noted, "When comparing motor-development of cocaine-exposed infants to non-drug exposed infants, some striking differences can be noted in muscle tone, reflexes, and movement patterns. Many cocaine-exposed infants feel stiff when their limbs are moved, and on their back often lie in excessively extended postures. Tremors are common, especially in their arms and hands, when they reach for objects."

As these comments suggest, cocaine-exposed infants are sometimes difficult to care for, which acts as an impediment to maternal bonding. Characteristics such as irritability and difficulty in being comforted or quieted also created problems for relatives of foster parents who care for these infants. Ms. Linda Lemus, a foster parent who has cared for many drug-exposed infants, testified before the Subcommittee on Children, Family, Drugs, and Alcoholism in New York City on February 5, 1990, about the long nights she had spent walking the floor with babies either trembling or so rigid they did not move. She also noted the need to train foster parents in the care of drug-exposed children.

The longer-term developmental consequences for drug-exposed children are just beginning to emerge. Dr. Chasnoff's research suggests subtle developmental problems. In research conducted at the University of California at Los Angeles, Dr. Judy Howard found from clinical observations of drug-exposed children in unstructured free play situations that these children had striking deficits in their ability to organize and engage in representational play.

(ii) Risks for older children

Children who were not exposed to drugs before birth, but who have a parent who is a substance abuser are also at risk. Testifying before the Subcommittee on Children, Family, Drugs, and Alcoholism in New York City on February 5, 1990, Dr. Jaime Inclan, a child and family psychologist, described the emotional and psychological consequences of growing up with a substance abusing parent:

> Some children, following a period of impossible and frustrated attempts to help their parents, develop an emotional bluntness, a non-caring attitude, a sense of defeat and emotional depression. * * * Other children channel their emotional frustration to affect the environment in aggressive, anti-social pathways. Their underlying depression is acted-out in antisocial behaviors that serve as a defense mechanism that seeks in vain to avoid the psychological trauma of emotional abandonment by the parent. * * * Other children exhibit more transparently the needs for nurturance and acceptance that are masked under their "tough skins." These children's needs render them pitifully vulnerable to become victims and targets of sociopathic adults.

Children of substance abusers also may be at risk for abuse and neglect. The National Committee for the Prevention of Child Abuse and Neglect estimates that substance abuse is involved in the cases of 675,000 abused and neglected children each year. In cities such as Washington, D.C. and Los Angeles, but also in states such as Louisiana, substance abuse is involved in up to 90 percent of abuse and neglect cases.

Not surprisingly, the child welfare system has felt the brunt of the effect of substance abuse on children. The National Committee for the Prevention of Child Abuse and Neglect reports that abuse and neglect reports increased more than 10 percent from 1988 to 1989 and cites the concomitant increase in substance abuse as a primary reason. At the Subcommittee's February 5, 1990, hearing, Douglas Besharov of the American Enterprise Institute testified that the number of children in foster care increased by nearly 30 percent between 1987 and 1989. States such as California and New York, which have been hardest hit by crack addiction, showed more startling increases: 41 percent for California and 90 percent for New York (although some of New York's increase is accounted for by the inclusion of children placed with relatives).

Parental substance abuse creates particularly difficult dilemmas for child welfare professionals, because it taxes their ability to apply some of the basic principles of current child welfare policy. Those prinicples include applying services to prevent foster care placement and preserve families, and developing a permanent placement of the child where he or she will be nurtured and feel secure. Amy Wheaton, Commissioner of the Connecticut Department of Children and Youth Services summed up this dilemma:

> The worker will examine all the risks and bear the weight of knowing the vast importance of bonding for the infant's already fragile physical, emotional and social well-being. The enormity of the responsibility of determining the mother's capacity to parent the infant is staggering. The decision will be a watershed in the infant's life.
>
> The decision is equally difficult when it involves a toddler or even an older child. * * * Case workers worry about the emotional price children pay when placed with families other than their own. Let there be no misunderstanding of this basic truth: No child can be removed from his family without suffering emotionally. * * * Is an assurance of physical safety more important than long term emotional stability? * * * Treat-

ment of drug abuse is a protracted process, one that often is marked by months of progress followed by tragic relapses. A child can wait a long time in foster care while agency staff and judicial authorities try to determine whether the addicted parent in treatment can ever be considered responsible enough to care for him.

(iii) Responses to the problem

Although drug and alcohol treatment for women is lacking and research is still ongoing regarding the best approach for dealing with cocaine addiction, witnesses at committee hearings outlined the characteristics of programs to respond to the special needs of addicted women and their children. There was a consensus that such services be comprehensive, broad enough to address social service needs, and oriented toward children as well as their parents. Moreover, the witnesses felt that many of these families could be preserved, although they recognized that some children would have to be removed from their homes.

Dr. Loretta Finnegan of the Family Center in Philadelphia testified at the February 5, 1990, New York City hearing that "addiction is more than a medical issue. The women are weakened by unemployment, illiteracy, homelessness and legal issues." The Family Center provides comprehensive services, including medical care and "services aimed at eliminating drug use, developing personal resources, improving family and interpersonal relationships, reducing and eliminating socially destructive behavior, and facilitating maximum attainable adaptation for new parents within their environment."

Ira Marion, of the Division of Substance Abuse at Albert Einstein College of Medicine, testified at the February 5, 1990, hearing that their Children of Substance Abusers Project began when they realized that "the children of patients who were new to treatment or were having difficulty progressing in treatment were exhibiting multiple problems including behavioral disorders and medical and academic problems." Children under age five had the most problems, and basic social services were not being accessed for them. Identification, evaluation, and referral services for children were integrated into the regular services of the program. Mr. Marion noted, "It became evident that this drug treatment program provided a point of entry to medical and social service systems for the children of patients who are traditionally disenfranchised and alienated from such services."

At the March 8, 1990, hearing of the Subcommittee on Children, Family, Drugs, and Alcoholism, Kathleen West described the SHIELDS for Families program in Los Angeles. The program's basic approach is based on the premises that preserving families where substance abuse is present is feasible; that interventions must be comprehensive and family-focused; that interventions must address more than the drug problem, but must take drug addiction into account in all other program activities; and that the program must involve professionals from both the maternal and child health and drug treatment streams. She noted that the program had considerable success in preserving these families.

At the same hearing, Commissioner Wheaton also cited the potential for family preservation. She said, "I submit that we cannot continue to rely on traditional methods of providing service to these families, including the almost exclusive reliance on removing children from at risk situations and placing them in foster care. * * * We know now that programs such as Intensive Family Preservation Services can be a remarkably effective tool in which to help parents solve their problems and become effective caretakers of their children."

Other witnesses cited the need for early intervention as well as comprehensive services. At the Subcommittee's February 5, 1990, hearing, Jackie McBride, a Connecticut social worker, cited the need for in-home services to reduce the number of children who come into the system. She said if we "try hard to work with families, provide them the services, make available to them the services in their communities, make it in their homes, it will help those that are going to come into the system." At the March 8, 1990, hearing, Commissioner Wheaton noted the use of home-based services in the child welfare context, saying "the act of providing services in the home gives the family a feeling of being 'in charge' of its destiny and is a clear indication of the respect the social worker has for the family."

Home visiting has long been a proven way to intervene early with vulnerable children and families. A study reported in the June, 1990, issue of Pediatrics entitled "Home Visitors and Child Health: Analysis of Selected Programs" found that the use of home visitors contributed to child health outcomes, including increased birth weight, improved prenatal care, improved maternal-infant interaction, and improved use of community resources. The National Commission to Prevent Infant Mortality, in a report titled "Home Visiting: Opening Doors for America's Pregnant Women," noted that "Research and program experience both here and abroad, show that home visiting efforts which are geared toward improving pregnancy outcomes and the health of young children can yield immediate benefits and long term economic returns to society as a whole."

III. S. 2649 AS INTRODUCED

Because the Kennedy/Hatch substitute reported by the Committee differs in significant respects from the bill as introduced, it may be useful to understand the evolution of the legislation over the past four months. For purposes of comparison, therefore, this section of the report consists of an abbreviated description of the bill as introduced. Section IV of the report contains a description of the differences between the bill as introduced and the bill as reported; section V contains the text of the bill as reported; and section VI contains a detailed section by section analysis of the bill as reported.

Title I of the bill as introduced sought to improve and expand the categorical grant programs administered by the Department of Health and Human Services. Section 101 established the Office for Treatment Improvement (OTI), and enumerated that agency's statutory responsibilities. Section 102 reauthorized ADAMHA's Wait-

ing List Program to expand an additional $40 million already appropriated for the program. Priorities were established for treatment programs that serve pregnant addicts and those that provide after-care services.

Section 103 of the bill sought to improve the Office of Substance Abuse Prevention's Maternal Substance Abuse Program by enumerating services that treatment providers would provide to qualify for a priority in the OSAP grant program. Also, OSAP was directed to make a competitive grant to establish the National Resource and Information Center for Perinatal Addiction unless OSAP were to certify that it is already performing the enumerated responsibilities of the Center. Section 104 made technical improvements in ADAMHA's "Projects of National Significance" Program.

Five new grant programs, to be codified at Sections 509H through L of the PHS Act, were created by section 105 of the bill as introduced. They were: Grants for Training of Drug Treatment Professionals ($25 million); Demonstration Grants for Drug Treatment in the Criminal Justice System ($25 million); Rural Substance Abuse Treatment ($25 million); Model Residential Projects for Alcohol and Drug Abusing Women and Their Children ($7 million); and the National Capital Area Drug Abuse Treatment Demonstration Program ($35 million).

Similarly, section 106 authorized two new prevention grant programs. They were Community Coalitions on Substance Abuse (such sums); and Substance Abuse Prevention Training ($30 million).

Title II of the bill revised the ADMS block grant program in several respects. Section 201 authorized $2 billion for the ADMS block grant in fiscal year 1991. Section 202 revised the block grant formula in the PHS Act, principally by lowering the urban weight component of the formula from 0.4 to 0.34.

Section 203 expanded the states' ability to use block grant funds for inpatient hospital drug treatment services, and for treatment programs within state criminal justice systems. Section 204 required each state to prepare and obtain approval of a Statewide Substance Abuse Treatment Plan as a condition of receiving block grant funds. The contents of the plan were enumerated.

Title III consisted of the Pharmacotherapy Development Act of 1990, a Kennedy-Biden initiative designed to encourage the development of anti-addiction medications. Finally, Title IV contained miscellaneous provisions.

IV. The Kennedy/Hatch Substitute

In the four months between the introduction of the bill and the Committee's consideration of it, many useful suggestions and comments were received. The bill evolved in response to these suggestions and pursuant to negotiations among members of the Committee.

The following is a section-by-section summary of substantive differences between S. 2649 as introduced and the Kennedy/Hatch substitute favorably reported by the Labor Committee on September 12, 1990. Sections not listed below have not been substantively altered in the bill as reported.

Section 1: The short title of the bill has been changed from the "Drug Abuse Treatment and Prevention Improvement Act of 1990" to the "Drug and Alcohol Abuse Treatment and Prevention Improvement Act of 1990." This change reflects an increased recognition that the problems of drug and alcohol abuse are related and that programs designed to treat and prevent these diseases need not be rigidly compartmentalized. A number of sections of the bill have been retitled and revised consistent with the new title of the bill.

TITLE I—IMPROVEMENT AND EXPANSION OF GRANT PROGRAMS

All grant programs in the substitute have been authorized for fiscal years 1991, 1992 and 1993.

Section 101: Section 101 in S. 2649 mandates collaboration between OTI and other relevant agencies. The substitute now mandates collaboration with both OSAP and the Bureau of Maternal and Child Health to promote treatment opportunities for pregnant addicts. In addition, the substitute encourages OTI to promote accessibility of treatment services, and requires improved coordination of treatment services and social service programs. Finally, the section has been modified to confer on OTI general contracting authority and provides that OTI may discharge its grant-making responsibility through this mechanism.

OTI authorization increased from $50 million to $100 million, $50 million of which must be used to make grants to entities eligible under sections 329, 330 or 340.

Section 102: In light of the passage of S. 2461 earlier this Congress, this section is no longer necessary and has been deleted from the bill.

Section 103 (section 102 in the substitute): The substitute provides for support services for families of drug abusers and families in crisis, and encourages coordination of services to high risk families and families in crisis. An unnecessary provision regarding referrals from courts and public agencies has been eliminated. The maternal substance abuse program has also been revised to encourage additional collaboration between OSAP and other relevant federal agencies and to permit the establishment of interagency task forces.

The Center for Perinatal Addiciton has been instructed to award a subgrant for an epidemiological study of infants with fetal cocaine syndrome and for a longitudinal study on the impact of cocaine on infants and their families.

10 percent matching fund requirement deleted, but grant applications must contain a plan for maintaining programs after expiration of federal funds.

A priority has been added for programs that treat women in residential settings in which their children may reside with them.

Section 104 (section 103 in the substitute): A priority has been added for programs that treat substance abusers in rural areas.

Section 105 (section 104 in the substitute): The list of institutions eligible to receive treatment training grants has been expanded to include hospitals and schools of psychology.

The proposed grant program for drug treatment in criminal justice has been expanded to include alcohol treatment and to add offender management services to the list of program priorities. The substitute encourages comprehensive treatment services for juvenile and female offenders, including related social services. The authorization for the program has been increased from $25 million to $40 million.

The grant programs for rural drug treatment and model residential treatment for women have been eliminated as separate grant programs, but appear in sections 104 and 103 respectively as priorities within existing general authority. The national capital area demonstration program has been eliminated.

Section 106 (section 105 in the substitute): Grant programs renamed to reflect emphasis on drug and alcohol abuse prevention. Substitute highlights prevention and intervention in non-health seetings such as employee and student assistance programs.

The Community Coalition program no longer has a separate authorization, but will instead be funded from general OSAP funds.

The prevention training grant program has been eliminated.

The substitute adds a grant program for "Public Education Regarding Drug and Alcohol Use During Pregnancy." Establishes a program to inform the public through programs, educational materials and research, about the hazards of maternal substance abuse. Authorization: $5 million.

TITLE II—REVISION OF THE ADAMHA BLOCK GRANT PROGRAM

Section 201: This section has been eliminated.

Section 201 (section 201 in the substitute): S. 2649 had lowered the urban weight component of the block grant formula from 0.4 to 0.34. The substitute contains a different approach to the formula which is explained in sections VI and VII of this report.

Section 203 (section 202 in the substitute): Accredited inpatient non-hospital drug treatment programs are included in list of eligible treatment providers.

Section 204 (section 205 in the substitute): The substitute expands the state treatment plan requirement in several respects. States must:

Address the needs of individuals with coexisting mental and substance abuse disorders;

Describe a plan to assist businesses, schools and unions to establish assistance and intervention programs;

Contain certification that state agencies and grantees will comply with Federal anti-discrimination statutes;

Describe a plan to expand drug treatment opportunities for the homeless; and

Describe plan for complying with 15 percent set-aside for treatment programs that serve women.

In addition to revising or eliminating the above listed sections of the bill as introduced, the substitute contains two new sections, 203 and 204:

Section 203 in the substitute amends section 1916 of the PHS Act to increase the maternal substance abuse set-aside in the ADMS block grant from 10 percent to 15 percent.

Section 204 in the substitute amends section 1916 of the PHS Act to restrict states that receive ADMS block grant funding from reducing their non-federal expenditures for drug-related activities.

TITLE III—PHARMACOTHERAPY DEVELOPMENT

Section 312: The substance of section 312 in the bill as introduced has been incorporated within section 311 of the substitute. In its place, the definition previously found in section 334 is now in section 312.

Section 321: This section has been deleted. In its place is a requirement that the FDA and ADAMHA prepare a study on the role of the private sector in developing anti-addiction medications.

Sections 331, 332 and 332: These sections have been deleted. In their place is a requirement that the FDA prepare a study on the medications review process that addresses the feasibility of expediting the review process for anti-addiction medications in a manner consistent with public safety.

Section 334: This section has been deleted; the definition that comprised this section has been placed in section 312.

Section 341: The priority list for drugs under development has been expanded to include medications to treat the offspring of addicted mothers.

TITLE IV—CHILDREN OF SUBSTANCE ABUSERS ACT

The substitute includes this new title, adapted from Sen. Dodd's Children of Substance Abusers Act, S. 2820. Its content is described in detail in the section-by-section analysis. In addition to the Act, the substitute directs the Secretary of HHS to study all maternal substance abuse efforts in the Department and report on efforts to coordinate them.

TITLE V—ANTI-DRUG EDUCATION

This new title contains the text of H.R. 5124 as passed by the House on July 10, 1990, except that the Statement of Responsibility has been deleted and a separate authorization for the program has been created.

TITLE VI—MISCELLANEOUS PROVISIONS (FORMER TITLE IV)

Section 601: Former section 401 has been redesignated as section 601 and revised to require a review of existing literature. Former sections 402 and 403 have been eliminated.

Five new sections (602 through 606) have been included in the substitute. They are described in detail in the section-by-section analysis.

V. Section-by-Section Analysis

Section 1: Designates short title of bill as the "Drug Abuse Treatment and Prevention and Improvement Act of 1990."

Section 2: Table of contents.

TITLE I—IMPROVEMENT AND EXPANSION OF GRANT PROGRAMS

Section 101: Establishment of Office for Treatment Improvement. Amends the PHS Act to establish OTI, headed by a Director appointed by the Secretary.

OTI shall:

Collaborate with OSAP to provide treatment and treatment outreach, with emphasis on treatment services to racial and ethnic minorities, adolescents, pregnant and postpartum women and their infants, IV drug users, the homeless, and residents of public housing;

Collaborate with NIDA, NIAAA and with the States to promote the study of treatment outcomes and to promote the dissemination and implementation of treatment research;

Collaborate with OSAP and MCH to promote treatment opportunities for pregnant and post-partum women;

Evaluate State Treatment Plans (see sec. 205, below);

Carry out enumerated grant programs;

Sponsor regional workshops;

Provide technical assistance to public and nonprofit entities that provide prevention and treatment services, including grant application assistance;

Carry out training programs;

Encourage certain treatment modalities;

Provide treatment services through grants to public and nonprofit entities that are eligible to receive grants under sections 329, 330 or 340 of the Public Health Services Act;

Encourage coordination of treatment resources;

Encourage coordination of treatment facilities and social service agencies;

Carry out community education activities to encourage the establishment of treatment facilities within communities;

Encourage public and private health insurers to provide benefits for drug treatment services; and

Develop programs to increase the number of health professionals providing treatment services and promote integration of treatment services into other US health care services.

OTI is authorized to enter into contracts and other agreements to fulfill its statutory responsibility.

$100 million is authorized for the program, of which $50 million must be used to make grants to entities eligible under sections 329, 330 and 340 of the Public Health Service Act.

Section 102: Improvement of maternal substance abuse program. Amends section 509F of the PHS Act. Authorizes Office of Substance Abuse Prevention (OSAP) to make grants. Establishes grant priority for treatment programs that include as many of the following services as are feasible:

Strategies to identify and encourage women who abuse alcohol or drugs to undergo treatment;

Prenatal and postpartum health care for women in treatment;

Ongoing pediatric health care for the children of substance abusers;

Child care, transportation and other support services for women in treatment;

Referrals as necessary to hospital services;

Employment and related counseling;

Case management services and assistance in establishing eligibility for related State and Federal services;

Plans for the coordination and delivery of social services;

Plans for providing services in a single location;

Efforts to preserve and support the family unit;

Direct services to infants and their siblings to reduce or prevent the impact of maternal substance abuse;

Support services for parents of affected infants;

Strategies for provding treatment to low-income pregnant and postpartum women;

Strategies for providing treatment to pregnant and postpartum women under criminal justice supervision;

Plans for facilitating residential treatment for alcohol and drug abusing women that permits the children of such women to reside with such women; and

Other services to improve pregnancy outcomes, reduce maternal substance abuse and increase family stability.

The Director may not make a grant unless the grant applicant will provide the health service directly or has entered into a contract with a qualified entity to provide the service. The Director may make the grants only if charges for services are made according to published fees schedules, are adjusted to reflect income and resources, and will not be imposed on women with income below the poverty line.

Grantees must submit an annual report containing relevant program information, and must contain a plan for providing services after federal funding has terminated.

Grants may not exceed five years in length, although renewal is permitted.

OSAP shall consult with NIDA to conduct evaluations.

OSAP shall make a competitive grant to establish the National Resource and Information Center for Perinatal Addiction unless OSAP finds that the enumerated responsibilities of the Center are already being performed by OSAP, and so certifies to Congress. The Center shall:

Coordinate and disseminate research on maternal substance abuse, treatment options and prevention strategies;

Develop and distribute training and education materials;

Act as a clearinghouse for information on treatment programs for pregnant addicts;

Develop and manage a national toll free hotline to provide information and referrals;

Provide policy analysis and program evaluation to the Secretary;

Award a subgrant to a qualified entity to conduct a statewide epidemiological study and a seven year longitudinal study of cocaine exposed infants; and

Provide other services to carry out the purpose of this subsection.

Authorization: $75 million.

Section 103: Improvement of "projects of national significance" program.

Amends section 509G of the PHS Act to make rural drug abuse treatment a priority area and to make technical improvements.

Authorization: $80 million.

Section 104: New drug abuse treatment grant programs.

Section 104 creates two new grant programs, to be codified as sections 509H and 509I of the PHS Act.

Section 509H: Grants for Training of Drug Treatment Professionals. Grants to be provided to eligible institutions to provide training to increase the supply of drug treatment professionals. Grant-eligible institutions include health professional, social work and other appropriate institutions who submit information required by the director.

Authorization: $25 million.

Section 509I: Demonstration Grants for Drug Treatment in the Criminal Justice System. Grants to be provide for treatment services to individuals under criminal justice supervision. Priority for programs that provide a continuum of services, referrals to community-based treatment, services to juvenile and female offenders, outreach services, and treatment services which function as alternatives to incarceration.

Authorization: $40 million.

Section 105: New drug abuse prevention grant programs.

Section 105 creates two new drug abuse prevention grant programs, to be codified at sections 509J and 509K of the PHS Act.

Sec. 509J: Community Coalitions on Substance Abuse. Defines eligible community coalitions which may receive grants to plan and implement comprehensive long-term strategies for substance abuse prevention. The coalitions will assess present programs, solicit funds with the intention of becoming self supporting, develop consensus on community priorities and plan for those priorities, and coordinate activities with other prevention programs. At least 35 percent of grant funds shall be awarded to communities with no more than 250,000 individuals. Priority to be given to coalitions in areas of great need which propose a comprehensive approach supported by community leaders.

Sec. 509K: Public Education Regarding Drug and Alcohol Use During Pregnancy. Establishes program to inform the public of dangers to maternal and child health resulting from drug and alcohol use during pregnancy and the post partum period.

Authorization: $5 million.

Section 106: Technical and conforming amendments.

TITLE II—REVISION OF THE ADAMHA BLOCK GRANT PROGRAM

Section 201: Revision of block grant formula.

The ADMS block grant formula set forth in section 1912A of the Public Health Service Act is revised in the following significant respects:

(1) Eliminates the "urban weight" component from the formula;

(2) Double-counts each state's population of urban 18–24 year olds to reflect the fact that drug abuse within this age group is twice as prevalent in urban areas;

(3) Inserts a "cost of services" index that reflects the higher cost of providing treatment services in urban areas; and

(4) Provides a small state minimum under which eligible states receive a percent increase over their FY89 funding equal to 50 percent of the cumulative percentage increase in the total block grant allocation since 1989; and

(5) Ensures that no state loses money between 1990 and 1991, a "hold harmless" funded by a cap of $20 million on the amount any single state may gain in FY91.

Section 202: Revision with respect to use of allotments.

Allows block grant funds to be used for inpatient hospital drug treatment services under certain circumstances. Secretary may waive the matching rate requirement if requirement would reduce essential treatment services. Authorizes provision of social and health services to improve treatment outcomes; authorizes counseling services for families of drug abusers. Authorizes use of block grant funds for treatment programs within state criminal justice systems.

Section 203: Set-aside in ADMS block grant.

Block grant set-aside for treatment of women increased from 10 percent to 15 percent.

Section 204: Maintenance of effort.

States must maintain 2 year average level of non-federal funding for drug abuse services as a condition of receiving federal block grant funds. Waiver available upon a showing of extraordinary economic conditions.

Section 205: Establishment of State treatment plan requirement.

Requires each state to prepare and obtain approval of a Statewide Substance Abuse Treatment Plan as a condition of receiving block grant funds. The plan must include:

Designated state agency to implement the plan;

Mechanism for assessing treatment need;

Description of plan to expand treatment capacity and overcome obstacles to treatment expansion;

Performance based criteria for allocating funds to treatment facilities and a description of funding allocation criteria;

Description of the mechanism for making funding allocations;

Plans for improving referral of substance abusers; providing continuing education for treatment employees;

Plans for coordinating treatment with relevant social, health and vocational services;

Plans for expanding treatment programs in the criminal justice system and for the homeless;

Plans for deterring pregnant women from abusing drugs;

Plans for improving services to the mentally ill; and

Plans for targeting funds to areas of greatest need (i.e., areas which have unmet treatment need, have a high incidence of infants born to substance abusing women, or have high rates of criminal activity related to substance abuse.)

The plan also must provide for: periodic, appropriate drug testing of individuals receiving treatment; aftercare and follow-up of treatment services; increased treatment services for female and minority drug users, if necessary; and interim services to those awaiting treatment, including interim drug education and referral to health and social services such as employee assistance programs. Plan is to contain assurances of non-discrimination.

The plan is to be prepared annually; OTI is to provide a model state plan as a guideline for States.

TITLE III—PHARMACOTHERAPY DEVELOPMENT

Section 301: Designates short title as "The Pharmacotherapy Development Act of 1990."

Section 302: Findings and Purpose.

Finds that drug addition is an epidemic disease, that current treatment efforts are inadequate, and that more aggressive development of pharmacotherapy has potential to improve treatment. The purpose of this title is to promote development of pharamacotherapeutics in order to reduce the prevalence of drug addiction in the U.S.

Part A—Federal Medication Development Program

Section 311: Establishment of Medications Development Program

Amends section 501 of the Public Health Service Act to establish a Medications Development Program at ADAMHA. The Administrator of ADAMHA shall:

meet with the Commissioner of FDA to facilitate the approval process for anti-addiction medications;

encourage and promote expanded research into development of medications to treat addiction and related mental disorders;

assist in the establishment of research facilities;

report on the activities of other agencies in developing addiction medications;

collect, analyze and disseminate data on the use of medications to treat addiction;

support training of researchers in basic and clinical pharmacotherapeutic research.

The Administrator shall:

collect and disseminate information through publications;

make grants and enter into agreements to further the goals of the Program;

obtain necessary facilities to carry out this title;

accept voluntary services, gifts and donations;

maintain communication with other organizations.

The Administrator must submit a report to the ONDCP describing the objectives and activities of this Program. Authorization: $60 million for FY 1991 with increases each year up to $115 million each for fiscal years 1996–2000.

Section 312: Definition of pharmacotherapeutics.

Part B—Private sector development of pharmacotherapeutics

Section 321: Mandates an FDA–ADAMHA study of the role of the private sector in developing anti-addiction medications.

Part C—Medications review process reform

Section 331: Mandates an FDA study of the medications review process that addresses the feasibility of expediting that process in a manner consistent with public safety.

Part D—High priority research areas

Section 341: Sense of Congress Regarding Priorities.

Sense of Congress that the Program shall devote attention and resources to develop the following:

a methadone alternative;

a long-acting narcotic antagonist;

a cocaine-blocking treatment;

medications to treat abuse of drugs increasing in prevalence, such as methamphetamine;

medications to treat pregnant women, their offspring and their fetuses.

Part E—Report by the Surgeon General

Section 351: Report by the Surgeon General.

The Administrator is to establish a panel of experts to assess the national strategy for developing pharmacotherapies for drug addiction, and to solicit their recommendations. No later than January 1, 1992 the Surgeon General is to submit a report to Congress containing a review of the recommendations above, a description of the state of scientific knowledge on pharmacotherapy, an assessment of progress in developing safe and efficacious pharmacological treatment, and other information deemed appropriate.

TITLE IV—CHILDREN OF SUBSTANCE ABUSERS AND AT-RISK FAMILIES

Section 401: Short title.

Section 402: Purposes.

Declares purpose of title:

to increase availability of services to substance abusing parents, particularly mothers, to ensure that the needs of the children who are exposed to substance abuse before birth are met;

to promote social well-being of families by providing comprehensive family services;

to prevent child abuse.

Section 403: Adds the following sections to the PHS Act:

Section 399: Services for children of substance abusers. The Health Resources and Services Administration (HRSA) authorized to make grants to establish programs to provide community outreach and services for children of substance abusers. In order to receive funds, eligible entities must agree to provide services described above to substance abusers and their children and families. Such services should be comprehensive, accessible, confidential and coordinated. Priority for areas with a high incidence of poverty, substance abuse, infant mortality and child abuse. Grantee must assure that 20% of funds will be non-federal, that appropriate treatment services will be sought for substance abusers, and that a report documenting the cost of and need for services and their effect will be submitted annually.

Section 399A: Grants for support teams for caretakers of children of substance abusers. HRSA to make grants for training of interdisciplinary teams to provide support to and arrange services for caretakers of children of substance abusers. Personnel from child welfare, protection, public and mental health and social service agencies may be trained. Training should include information on the effects of prenatal substance abuse and must promote interdisciplinary, comprehensive, multi-setting care.

Section 399B: Grants for home-based services for at-risk families. Home visiting services to provide health care assistance, education, assistance in developing support networks or in obtaining services. HRSA to make grants to provide home visiting services to eligible families in order to promote appropriate growth and development of children. Grant priority for experienced entities with demonstrated commitment to serving the target population. 20% of program funds must be non-federal, and no more than 10% of funds may be used for administrative purposes.

Section 399C: Coordination and Evaluation. Secretary to ensure coordination of these services with other agencies and to evaluate effectiveness of programs. Annual report to Congress. Grantees must submit annual reports to HHS.

Section 399D: Authorization of Appropriations: $50 million for section 399; $5 million for section 399A; $20 million for section 399B.

Section 404: Study.

Secretary of HHS is to study all maternal substance abuse efforts in the Department and report on efforts to coordinate them.

TITLE V—ANTI-DRUG EDUCATION

Section 501: Short Title.

Section 502: Strengthening of drug-free school zones.

Drug-Free School Program shall be utilized to assist communities to determine the boundaries of drug-free school zones and enhance education and prevention efforts with respect to such zones.

Section 503: Replication of successful programs.

Grant program to enable communities to replicate successful prevention programs. Authorization: $5 million.

Section 504: Support for recreational activities.

Funds may be used for after-school sports, recreational, educational, and instructional activities.

Section 505: Support for Counseling Programs.

From amounts appropriated pursuant to section 5111(a)(2) of the Drug-Free Schools and Communities Act, Secretary to make grants for drug prevention training, including training of counselors. Application process established. Authorization increased from $35 million to $50 million.

Section 506: Additional requirements for local application.

Localities applying for grants must specify, to the extent practical, the extent and manner in which the grant will be utilized to enhance drug prevention efforts.

Section 507: Identification of federally-assisted programs.

Recipients of funds under this title shall identify source of federal funding.

Section 508: Technical amendments.

TITLE VI—MISCELLANEOUS PROVISIONS

Section 601: Study of legal/illegal drug use.

Instructs the Secretary of HHS to conduct a review of existing literature to determine the need for a study of the relationship between legal and illegal drug use. If conducted, the study is to consider the effect of advertising and marketing legal drugs, the correlation between legal and illegal drug use, and other appropriate areas.

Section 602: Study of preparedness of school districts to accommodate drug and alcohol exposed students.

Instructs the Secretary of Education to prepare a report outlining the preparedness of the school system to meet the needs of children born affected by alcohol or drugs. Report to include:

a national assessment of need and unmet need;

a plan, including cost estimate, for extending special education programs, and a personnel estimate for such a plan;

a follow up plan and a cost estimate of the follow up;

an educational manpower assessment;

a description of teacher training programs under the plan.

Section 603: Child Abuse Prevention and Treatment Act.

Increases authorization for the Child Abuse Prevention and Treatment Act by $20 million.

Section 604: Clarification of "mixture of substance."

Amends Section 21 U.S.C. 841(b)(1) to clarify the meaning of the phrase "mixture or substance" in cases in which the controlled substance is transported on a psychotropically inactive carrier and in cases in which the controlled substance is seized during the manufacturing process.

Section 605: Replication of D.A.R.E. programs.

$15 million authorized to replicate Drug Abuse Resistance Education Programs.

Section 606: Drug salvaging compensation program.

Establishes a program to decrease the availability of drugs that are acquired through salvage of shipments of pharmaceuticals and controlled substances. Provides compensation to salvagers of such products to enable them to return the product to the manufacturer or to destroy the product.

VI. Committee Views

TITLE I

This title is intended to improve the categorical grant programs administered by the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA). These programs enable federal officials to target resources to populations and geographic regions of especially acute need. They will enable the federal government to sponsor model programs that can eventually be replicated by the states.

The bill will sharpen the focus of current programs, such as the one for pregnant and postpartum addicts and their infants. In addition, new grants will be offered for training treatment professionals and for drug treatment in the criminal justice system. These

categorical programs complement the more general support provided by the block grant.

Section 101: This section provides specific statutory authority for the Office of Treatment Improvement (OTI). OTI was created pursuant to the Secretary's administrative authority over a year ago, and it is important for Congress to define the important mission of this Office with some specificity. At the same time, the Committee does not intend to restrict unduly the agency's discretion. The statutory directives in section 101 are to be interpreted in a common sense manner consistent with the overall goal of the legislation: to improve substance abuse treatment efforts in the United States.

One theme running through section 101 and, indeed, through S. 2649 as reported, is the need for interagency collaboration. Congress has long recognized the danger of bureaucratic "gridlock" in federal drug policy, and the creation of OTI is not intended to add a new layer of unresponsive bureaucracy to the formulation of treatment policy. Collaboration between OTI and all other relevant entities, including its sister agencies within ADAMHA and HRSA, is essential.

Among its responsibilities, OTI has been given authority to improve coordination between treatment facilities and non-health care systems (such as employers, labor unions and schools), for the purpose of encouraging the adoption of employee assistance programs (EAPs) and student assistance programs (SAPs). It is the Committee's understanding that EAPs are worksite-based programs designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns including alcohol, drug, health, marital, family, financial, emotional, stress or other personal concerns which may adversely affect employee job performance. The activities of EAPs include: (1) expert consultation and training in the identification and resolution of job performance issues related to the matters listed above; (2) confidential, appropriate and timely problem-assessment services; (3) referrals for appropriate diagnosis, treatment and assistance; (4) establishing linkages between workplace and community resources that provide such services; and (5) follow-up services for employees who use those services.

Section 102: OSAP currently administers a program of maternal substance abuse treatment and prevention. This section is intended to sharpen the focus of the program and, for the first time, to provide a separate statutory authorization of $75 million for the program. As in the program authorized in section 101, the Committee believes that the maternal substance abuse program must be characterized by genuine collaboration with other relevant agencies, such as the Bureau of Maternal and Child Health (MCH) within HRSA.

This section and other sections in the bill are motivated by the Committee's concern that treatment resources for women in general and pregnant women in particular are sorely inadequate. Many treatment providers are reluctant to serve pregnant addicts because they are ill-equipped to provide comprehensive prenatal care or social services and because they unjustifiably fear legal liability for unfavorable pregnancy outcomes. A 1989 study conducted by Professor Wendy Chavkin of Columbia University found that less

than half of the drug treatment programs in New York City were willing to admit pregnant addicts.

Establishing a "pregnant addict priority" within grant programs is one way to encourage the expansion of services for this afflicted population. The Committee expects that OSAP will devote attention to other mechanisms for expanding such services.

One mechanism referred to in the legislation would be the creation of demonstration residential treatment projects that would enable the children of substance abusing women to reside within their mothers. This proposal, championed by Sen. DeConcini, may address the reluctance of some women to enter treatment for fear of losing custody of their children. In general, the committee favors the creation of residential treatment opportunities for pregnant substance abusers.

It is the committee's strong view that punitive efforts, specifically the use of criminal sanctions, are an inappropriate and counterproductive means of addressing the tragedy of maternal substance abuse. The Committee has received persuasive testimony that such measures actually drive women away from treatment and do not serve as a deterrent to substance abuse. The Committee intends that this perspective be reflected in the implementation of all maternal sustance abuse provisions in this legislation.

As a nation, we still do not know enough about the causes, consequences and scope of maternal substance abuse. Therefore, the committee is particularly interested in the establishment of a National Resource and Information Center for Perinatal Addiction. This proposal, advanced by Senators Simon, Kohl and Dodd, is inspired by the heroic efforts of the Chicago-based National Association for Perinatal Addiction Research and Education (NAPARE). Dr. Ira Chasnoff, the director of the Association, has testified before the Committee on several occasions.

An early version of this proposal simply directed OSAP to award a grant to an entity performing the important clearinghouse functions that NAPARE currently performs. The Administration has expressed opposition to such a scheme, however, because it believes such services can be adequately provided by OSAP itself. The bill as reported, therefore, directs OSAP to make a grant for the establishment of a National Resource Center unless it certifies to Congress that OSAP is performing each of seven enumerated functions. The Committee intends to examine such a certification with great care to ensure that these critical needs are being met.

One of the functions of the Resource Center, if it is created, will be to award a subgrant or contract to a qualified entity to conduct a statewide epidemiological study of fetal cocaine syndrome and a seven-year longitudinal study of infants exposed to cocaine use. This proposal, advanced by Senator Pell, will lead to much-needed research on the tragedy of drug-exposed infants.

It is the opinion of the Committee that the current rate of cocaine exposed infants is nearing epidemic proportions. This syndrome presents grave and painful consequences to the infants and families involved and to society in general. The Committee therefore strongly urges the Resource Center to make a serious commitment to the studies delineated in subsection j(3)(F) (i) and (ii). Specifically, the Committee urges the prompt awarding and adequate

funding and support of this study, and considers the Center's commitment to this study as crucial to the fulfillment of its legislatively authorized duties.

The Committee intends that the Resource Center and the entity conducting these studies will work together to structure a suitable division of labor and to avoid overlapping responsibilities. The Committee notes that although the seven-year study that is to be part of the subgrant appears to conflict with the five-year limitation on grants under this section, the renewal mechanism will enable the entity to conduct its study with appropriate assurances of funding.

Section 103: In addition to providing the "Grants of National Significance" program with an $80 million authorization, this section establishes rural substance abuse as one of the program's priorities. The bill as introduced contained a proposal advanced by Senators Baucus and Pryor to establish a separate grant program to address the unique needs of rural substance abuse providers, but the Committee has concluded that it is more appropriate tc achieve the goals of the Baucus/Pryor proposal by establishing a priority within ADAMHA's general grant-making authority.

Section 104: This section would establish two new grant programs, one for training treatment professionals and the other for drug treatment demonstration projects in the criminal justice system. The first of these programs is derived from an amendment Senators Kennedy and Hatch offered to S. 1711 in the first session of this Congress. The Committee strongly believes that the treatment infrastructure in the United States cannot be successfully expanded to meet the pressing need identified, for example, by the Institute of Medicine unless treatment professionals are afforded ongoing training opportunities.

The Committee has intentionally declined to codify a list of those health professionals that would be considered treatment professionals for purposes of this program; rather, the Secretary is afforded discretion in this regard. It is, however, the Committee's view that the term "treatment professionals" would encompass, at a minimum, therapists and counselors in addition to physicians, psychologists and nurses.

As for treatment in the criminal justice system, it is the Committee's view that this is one of the most promising, yet one of the most overlooked avenues of progress in the national effort to combat drug abuse. A Labor and Human Resources Committee hearing chaired by Senator Kennedy on May 2, 1990, made clear that the need for such programs, at both the federal and state levels, is desperate. The Committee's consideration of this issue has benefited greatly from the interest and legislative proposals advanced by Senators Chafee, Moynihan, and D'Amato.

It is the Committee's view that OTI should make a major commitment to demonstration projects in this area, and that states should be encouraged to replicate successful efforts.

As introduced, the bill required that the Bureau of Justice Assistance (BJA) set aside 20% of its discretionary criminal justice grants for this program. The Committee has been persuaded to abandon this proposal for now, but intends to monitor the situation at BJA closely to ensure that the Bureau takes account of the im-

portance of criminal justice-based drug treatment in awarding grants, thereby fulfilling an important part of its statutory mandate.

Section 105: Two new prevention programs are established by this section. The first, community prevention grants, is derived from a legislative initiative advanced by Senator Cranston. It is the Committee's intention that OSAP continue to administer this program from its general statutory authority.

The second program, a public education campaign regarding maternal substance abuse, has been proposed to the Committee by Senator Kohl. It is the Committee's intention that this program will be administered in cooperation with other maternal substance abuse efforts within HHS.

TITLE II

Title II of the bill revises the ADAMHA block grant program. The block grant is the principal means by which the federal government distributes treatment resources. The Committee endorses a multi-year strategy to fund this program at a level that will assure treatment on request for every addict.

Section 201: This section revises the formula under which block grant funds are distributed among the states. The revision requires a somewhat lengthy explanation.

The Committee substitute formula embodies five changes in current law:

(1) eliminates the "urban weight" component from the formula;

(2) double-counts each state's population of urban 18–24 year olds to reflect the fact that drug abuse within this age group is twice as prevalent in urban areas;

(3) inserts a "cost of services" index that reflects the higher cost of providing treatment services in urban areas; and

(4) provides a small state minimum under which eligible states receive a percent increase over their FY89 funding equal to 50% of the cumulative percentage increase in the total block grant allocation since 1989;

(5) ensures that no state loses money between 1990 and 1991, a "hold harmless" funded by a cap for $20 million in the amount any single state may gain in FY91.

As amended, therefore, the formula allocates funds among states using three factors: (1) an at-risk population percentage; (2) a cost index, and (3) a "need" factor. Each state receives an apportionment based on its proportionate share of the product of these three factors.

The term "P" in the formula is the product of the at-risk population percentage and the cost index. These two factors are in turn multipled by the need factor. The term "X", defined in section 1912A(a)(4), represents the product of the at-risk population percentage, the cost index and the need factor. The term "U", contained in subsection (a)(3), sums the product of the three factors. Thus, the expression "X/U", defined in subsection (a)(2)(A), represents each state's share of the amount to be distributed by the formula.

Explanation of the at-risk population percentage

The at-risk population percentage is a weighted sum of three separate age cohorts used to represent the population in need of each of the three types of services funded by the block grant. In 1986, the Institute For Health and Aging at the University of California (San Francisco) conducted a study that identified 25 to 64 years olds as the age group at highest risk of alcohol abuse, 18 to 24 yers olds as the group at highest risk of drug abuse, and 25 to 44 year olds are the group at highest risk of mental illness. The Committee adopted these age groups to represent the at-risk population in the new apportionment formula.

Double counting of urban population

Two forthcoming GAO studies report that drug use is more than twice as prevalent among urban residents. Consistent with the GAO studies, the new formula accounts for the greater needs of urban areas by double counting urban 18 to 24 year olds.

The new formula also requires that the most recently available data be used to calculate state allotments. Because urban population is available only in census years, the new formula permits the Secretary to estimate the number of urban 18 to 24 years olds by applying the percentage of urban 18 to 24 year olds from the most recent census to the current year estimate of total population. This yields a current year estimate of the number of urban 18 to 24 year olds.

Weighing population groups

Algebraically, the at-risk population percentage is an equally weighted sum of each state's percentage share of the three separate age cohorts. Thus, each at-risk group receives a ⅓ weight. In reaching this determination, the Committee took account of the fact that approximately ⅓ of the block grant is used to fund mental health services and the remaining ⅔ funds are used to fund substance abuse services.

Explanation of the cost index

The Committee recognizes that the cost of providing treatment services varies among states due to economic factors beyond their control. Thus, it cost more to maintain a treatment slot in New York than in New Mexico. In order to ensure that resources are allocated according to need, the Committee has introduced a cost index in the new formula. Health Economics Research Inc. developed the cost index in a report prepared under the sponsorhip of the National Institute on Drug Abuse.

The Committee recognizes that both the data and the methodology used to calculate the index should be updated and refined as appropriate. Therefore, the bill instructs the Secretary of Health and Human Services to make such refinements before the FY 1992 allocations are determined and at least once every three years thereafter.

Explanation of the "need" factor

The third factor in the apportionment formula is the "need" factor. Its intent is to target more assistance to states that have less capacity to finance services from state resources. The need factor compares each state's share of total taxable resources to its at-risk population percentage, after being adjusted for differences in the cost of services. Subsection (4)(A)(ii) defines the need factor by the formula "— .35(S/P)". The term "S" is each state's percentage share of a three year average of its total taxable resources (TTR), as reported by the Secretary of the Treasury. The three-year average smooths out annual fluctuations in the data so that state allotments do not change dramatically from one year to the next.

The term "S", each state's TTR, is expressed as a percent of the term "P", each state's at-risk population percentage adjusted for cost differences. Multiplying S/P by .35 and subtracting the result from 1.0 targets more aid to states that have fewer taxable resources compared to its risk population (after adjusting for cost differences). A minimum value of 0.4 is place on the need factor to insure that wealthier states qualify for funding.

Small State minimum

Under current law, no state can receive the lesser of $7 million or the amount of funding received in fiscal year 1988, increased by 5 percent. This provision has prevented increases in funding for states affected by the minimum, even though total program funding has increased more than 48 percent since 1989. The minimum is being changed to insure these states receive some increase in funding when total program funding increases.

The new minimum applies only to those states whose fiscal year 1989 funding was below $8 million. These states receive the larger of the amount allocated by the net formula or their 1989 funding level increased by a percentage equal to one half the percentage increase in program funding since 1989.

Hold harmless allotments

Under hold harmless provisions adopted for fiscal year 1989, states receive part of their funding based on their percentage share of funding in FY84. Due to the operation of current law, this hold harmless will phase-out by fiscal year 1993. S. 2649 as introduced froze this hold harmless at $250 million, but the Kennedy/Hatch substitute does not alter current law in this regard.

An additional hold harmless, superceding all other provisions, takes effect for fiscal year 1991 only. All states are guaranteed at least as much as they received in fiscal year 1990, based upon the expectation that total funding will increase for fiscal year 1991. States that benefit from the new hold harmless are to be funded by capping funding increases at $20 million between fiscal year 1990 and 1991.

General considerations

The formula revision reflects the Committee's view that the current formula does not appropriately allocate resources among the states and, in particular, that the allocations of smaller and more

rural states have been insufficient. Nonetheless, the Committee believes that drug abuse remains more prevalent in urban areas and that the cost of providing all forms of treatment services remains more expensive in urban states. The formula change reflects this view.

The Secretary is directed to update the newly-incorporated cost index before the 1992 allocations are determined. Since states are "held harmless" from FY90 to FY91 under the new formula, the hold harmless effectively prevents states from losing money until the cost index has been updated. It is the Committee's intent, therefore, that states be held harmless until the cost index has been updated.

In devising this approach, Senators Harkin and Kennedy have worked closely with the General Accounting Office, whose experts attest that this formula is fully justified by all available data.

Two charts are reproduced in the report at this point. Chart A sets forth the "cost index" from Table 4 of the Health Economics Research report. Chart B sets forth the effect of the revised block grant formula for each state and territory, assuming a $105 million increase in the block grant appropriation in FY91 and level funding thereafter.

WAGE, RENTAL, AND OVERALL COST-OF-SERVICE INDEXES BY STATE

[1.000 = U.S. Average]

	Wage index	Rental index	Overall cost index
	(1)	(2)	(3)
Alabama	0.892	0.695	0.873
Alaska	1.636	1.304	1.522
Arizona	.994	1.044	1.002
Arkansas	.817	.679	.815
California	1.119	1.396	1.149
Colorado	1.030	.980	1.019
Connecticut	1.042	1.278	1.073
Delaware	.985	1.074	1.000
D.C.	1.240	1.374	1.236
Florida	.905	.944	.921
Georgia	.905	.838	.904
Hawaii	1.043	1.268	1.072
Idaho	.918	.882	.921
Illinois	1.113	1.072	1.095
Indiana	.926	.798	.914
Iowa	.874	.806	.876
Kansas	.853	.756	.853
Kentucky	.899	.707	.880
Louisiana	.989	.820	.965
Maine	.813	.936	.850
Maryland	1.029	1.000	1.021
Massachusetts	1.022	1.384	1.074
Michigan	1.063	.941	1.038
Minnesota	.971	.939	.969
Mississippi	.815	.681	.814
Missouri	.957	.816	.940
Montana	.940	.847	.932
Nebraska	.874	.761	.870
Nevada	1.072	1.264	1.094
New Hampshire	.867	1.170	.926
New Jersey	1.114	1.324	1.134
New Mexico	.954	.867	.945

WAGE, RENTAL, AND OVERALL COST-OF-SERVICE INDEXES BY STATE—Continued

[1.000 = U.S. Average]

	Wage index	Rental index	Overall cost index
	(1)	(2)	(3)
New York	1.102	1.318	1.124
North Carolina	.849	.763	.851
North Dakota	.869	.786	.869
Ohio	.984	.807	.959
Oklahoma	.916	.800	.907
Oregon	1.038	1.001	1.029
Pennsylvania	1.005	.932	.994
Rhode Island	.957	1.058	.976
South Carolina	.846	.714	.841
South Dakota	.745	.715	.766
Tennessee	.883	.772	.878
Texas	.958	.808	.940
Utah	1.009	.917	.994
Vermont	.800	.965	.845
Virginia	.892	.835	.894
Washington	1.111	.960	1.077
West Virginia	1.000	.775	.967
Wisconsin	.927	.834	.920
Wyoming	1.114	.824	1.059

Sources: The wage index is based on the median hourly earnings of all non-manufacturing workers from the 1980 Census of Population and Housing. The rental index is based on the "fair market" apartment rents established by the Department of Housing and Urban Development. The overall cost index is defined as .10 + .75 * (wage index) + .15 * (rental index). See the text for explanation.

ADMS ALLOCATIONS FISCAL YEAR 1988 THRU FISCAL YEAR 1990 ACTUAL AND FISCAL YAER 1991 THROUGH FISCAL YEAR 1993 PROJECTED

State	Fiscal year—					
	1988	1989	1990	1991	1992	1993
Alabama	11,491,000	12,953,000	18,006,000	18,525,547	17,759,660	17,061,574
Alaska	2,604,000	2,734,000	2,734,000	4,215,742	4,049,219	3,898,068
Arizona	11,232,000	12,497,000	17,519,000	19,278,187	18,664,875	18,120,787
Arkansas	7,746,000	7,000,000	8,380,000	9,380,549	9,169,729	9,169,729
California	64,804,000	87,351,000	140,169,000	160,169,000	176,397,760	181,047,776
Colorado	9,582,000	11,165,000	16,414,000	19,006,393	18,891,170	18,840,647
Connecticut	9,039,000	10,941,000	16,027,000	16,027,000	15,627,846	15,303,646
Delaware	1,859,000	2,125,000	3,073,000	3,386,877	3,319,333	3,263,659
District of Columbia	3,146,000	3,444,000	4,770,000	4,770,000	4,511,507	4,511,507
Florida	30,795,000	39,620,000	59,657,000	59,657,000	52,488,244	51,263,510
Georgia	15,113,000	15,837,000	23,701,000	26,938,080	26,819,166	26,791,630
Hawaii	3,408,000	4,095,000	5,827,000	6,832,002	6,709,747	6,611,336
Idaho	2,270,000	2,383,000	2,600,000	4,031,743	4,023,693	4,029,248
Illinois	25,806,000	35,699,000	57,509,000	62,459,092	63,606,385	64,955,233
Indiana	22,821,000	22,522,000	28,240,000	28,863,667	26,366,317	23,984,060
Iowa	4,319,000	4,809,000	7,804,000	9,670,935	9,944,640	10,248,857
Kansas	5,279,000	5,543,000	7,573,000	8,576,414	8,448,505	8,350,341
Kentucky	6,589,000	7,296,000	11,624,000	14,328,037	14,666,059	15,049,773
Louisiana	8,249,000	10,191,000	16,486,000	19,803,166	20,375,476	21,010,178
Maine	4,432,000	4,654,000	4,654,000	6,096,560	6,096,560	6,096,560
Maryland	8,081,000	12,085,000	21,314,000	22,613,015	23,612,891	24,681,501
Massachusetts	22,703,000	25,271,000	35,091,000	35,340,796	33,763,403	32,316,197
Michigan	21,342,000	27,271,000	43,130,000	47,231,278	47,844,648	48,612,276
Minnesota	7,493,000	9,134,000	15,173,000	18,221,148	18,908,801	19,453,420
Mississippi	6,527,000	6,853,000	7,972,000	9,691,909	9,395,506	9,133,819
Missouri	12,563,000	14,318,000	21,448,000	22,302,494	22,044,119	21,862,557
Montana	2,823,000	2,964,000	2,964,000	3,882,725	3,882,725	3,882,725
Nebraska	3,761,000	3,949,000	5,431,000	5,990,835	5,921,767	5,873,330

ADMS ALLOCATIONS FISCAL YEAR 1988 THRU FISCAL YEAR 1990 ACTUAL AND FISCAL YAER 1991 THROUGH FISCAL YEAR 1993 PROJECTED—Continued

State	Fiscal year—					
	1988	1989	1990	1991	1992	1993
Nevada	3,584,000	3,890,000	5,404,000	6,659,767	6,503,680	6,371,102
New Hampshire	4,407,000	4,627,000	4,627,000	6,061,191	6,061,191	6,061,191
New Jersey	25,171,000	31,449,000	45,540,000	45,540,000	43,486,187	42,297,015
New Mexico	6,129,000	6,435,000	6,551,000	8,429,601	8,429,601	8,429,601
New York	54,627,000	65,794,000	98,111,000	100,361,946	98,940,109	97,865,812
North Carolina	14,200,000	14,476,000	21,069,000	25,356,916	25,160,397	25,050,505
North Dakota	1,552,000	1,630,000	1,855,000	2,553,194	2,518,084	2,491,808
Ohio	29,904,000	36,561,000	53,413,000	53,413,000	50,749,251	49,482,513
Oklahoma	9,562,000	9,808,000	12,843,000	14,727 441	14,024,656	13,376,452
Oregon	7,881,000	8,111,000	11,818,000	14,687,177	14,612,076	14,586,870
Pennsylvania	32,746,000	39,746,000	58,481,000	59,120,000	57,892,088	56,871,661
Rhode Island	5,195,000	5,503,000	7,222,000	7,222,000	7,208,717	7,208,717
South Carolina	8,891,000	8,909,000	12,949,000	14,677,828	14,466,526	14,306,076
South Dakota	3,580,000	3,759,000	3,759,000	4,924,145	4,924,145	4,924,145
Tennessee	10,357,000	12,098,000	18,754,000	20,017,696	20,081,785	20,212,672
Texas	30,474,000	40,166,000	65,697,000	73,792,595	75,730,745	77,902,797
Utah	4,898,000	5,686,000	8,502,000	9,030,884	8,949,992	8,900,031
Vermont	3,731,000	3,918,000	3,918,000	5,132,429	5,132,429	5,132,429
Virginia	12,047,000	14,757,000	23,935,000	25,092,760	25,477,330	25,943,428
Washington	12,175,000	14,549,000	21,835,000	26,935,351	27,020,009	27,194,561
West Virginia	5,367,000	5,635,000	5,900,000	8,655,533	8,440,431	8,255,972
Wisconsin	8,462,000	10,338,000	17,451,000	19,282,253	19,919,922	20,617,760
Wyoming	1,224,000	1,285,000	1,285,000	2,189,784	2,214,647	2,246,688
American Samoa	73,000	100,000	167,000	190,497	190,497	190,497
Guam	616,000	630,000	647,000	630,000	630,000	630,000
Northern Marianas	86,000	100,000 *ERR97*	100,000	102,242	102,242	102,242
Puerto Rico	9,096,000	9,299,000	14,298,000	15,852,276	15,852,276	15,852,276
Trust Territories	133,000	136,000	539,000	606,235	606,235	606,235
Virgin Islands	1,189,000	1,215,000	1,248,000	1,215,000	1,215,000	1,215,000
Total	643,234,000	765,314,000	1,133,208,000	1,239,750,000	1,239,750,000	1,239,750,000

Section 202: This section expands the ways in which states are permitted to use their block grant funds. In some circumstances, states should be permitted to use federal funding for inpatient hospital care. It is also imperative that states be permitted to fund treatment initiatives in their criminal justice systems; the Committee on Labor and Human Resources held a hearing on May 2 of this year that made plain the need for increased resources in this critical area.

Section 203: This section increases the women's set-aside in the block grant program from 10 percent to 15 percent. For reasons explained throughout this report, the Committee remains concerned that insufficient treatment resources are expended to address the tragedy of material substance abuse. The Committee has received reports that the 10 percent set-aside in current law has been ineffective in focusing the energies of state officials on this problem. A 15 percent set-aside is therefore more appropriate.

At the same time, the Committee recognizes that such set-asides are inherently ineffective in the absence of meaningful reporting requirements. It is the Committee's view that the state treatment plan requirement imposed by section 205 of the bill will enhance accountability with respect to federal goals in general and with re-

spect to the women's set-aside in particular. The Committee intends to monitor developments in this area to ascertain if additional reporting requirements would be useful.

Section 204: This section incorporates a "maintenance of effort" proposal advanced by Drug Control Policy Director William Bennett and included in Senator Hatch's drug bill (S. 2695) at section 4107. Director Bennett's other demand-side proposal, the creation of a state treatment plan requirement, is addressed in section 205.

Current law prohibits states receiving block grant funding from reducing their own funding for alcohol, during abuse, and mental health activiteis below the two-year average of their expenditures for all three programs. Since this requirement applies to the total amount spent on all three programs, states could reduce their funding for drug abuse related programs while maintaining their overall level of expenditures. This amendment would prohibit states receiving block grant funding from reducing their own funding for drug abuse related activities below the average of such expenditures for the preceding two years.

Current law allows the Secretary to waive the existing requirement if a state makes a request and if the Secretary determines that there are extraordinary economic conditions in the state to justify such a waiver. This amendment would permit the Secretary to waive the new requirement as well.

Section 205: This section establishes a requirement that states prepare ADAMHA-approved comprehensive state-wide treatment plans as a condition of their block grant funding. This is one of the two demand-side initiatives that the Administration has sought from Congress this year. The Senate supported the proposal last year and continues to seek its enactment. State treatment plans will increase accountability and enable us to pursue federal goals more aggressively.

It is the Committee's expectation that states will provide data in their state treatment plans that distinguish between drug and alcohol abuse treatment services.

TITLE III

Title III of the bill is a treatment research initiative that builds upon an amendment offered to S. 1711 last year by Senators Biden and Kennedy. Known as the Pharmacotherapy Development Act, this title will encourage the research and development of medicines that block the neurological craving for drugs or that ease the symptoms of withdrawal. Such medicines will be an important addition to the current array of treatment modalities.

Part A: This subtitle establishes in statute a Medications Development Program within the Alcohol, Drug Abuse and Mental Health Administration. Currently, such a program exists without explicit statutory authorization in the National Institute on Drug Abuse, and the Committee believes it would be appropriate for the program to remain with NIDA.

The mission of the Program is to develop anti-addiction medications. ADAMHA is given authority to make grants and enter into contracts to research, develop and test such medications. A decade-

long authorization strategy represents a long-term commitment to develop these medications.

Part B: This subtitle calls for a study of the role of the private sector in developing pharmacotherapeutics. In the bill as introduced, this subtitle authorized financial incentives for private sector development of anti-drug abuse medicines similar to those available under the Orphan Drug Act, but the Committee ultimately concluded that further study of this area is warranted before such incentives are codified.

Part C: This subtitle calls for an FDA study of the medications review process. Specifically, the FDA is directed to consider the feasibility of expediting the review process for anti-addiction medications in a manner consistent with public safety.

The Judiciary Committee staff report on this subject had urged medications approval reform, and S. 2649 as introduced authorized, but did not require, an expedited process. On reflection, the Committee has chosen to study the issue further before legislating in this sensitive area. The study mandated by this section will inform the Committee's deliberations.

In light of the magnitude of the drug epidemic and the promise of these new medications, some degree of streamlining may be appropriate. At the same time, the Committee does not intend to encourage FDA to revise its approval process in any way that is contrary to the public interest or public safety.

Part D: This subtitle offers the Sense of Congress with respect to high priority research areas. In offering this list of priorities, the Committee does not intend to supplant the scientific judgment of ADAMHA. It is the Committee's sense that a scientific consensus as to the importance of each of the research areas identified in Part D has developed.

Part E: This subtitle calls for a much-needed report by the Surgeon General on the state of pharmacotherapeutic research in this country.

TITLE IV

The Committee is concerned about the lack of services tailored to the need of addicted women for supportive services in addition to drug or alcohol treatment and of their children for developmental and health services. The Committee also is concerned that too little attention is devoted to preventive services that can promote the healthy development of children and avoid severe family dysfunction, including that resulting from substance abuse in the home. Title IV of this legislation incorporates three approaches for responding to these concerns. (1) Services for Children of Substance Abusers would provide a broad range of services to children of substance abusers and their parents or other caretakers. (2) Home-based Services for At-Risk Families would provide early intervention in the form of home visiting to vulnerable families. (3) Grants for Support Teams for Caretakers of Children of Substance Abusers would provide training for interdisciplinary teams that would provide support for parents or other caretakers of drug or alcohol-exposed infants. The components of this title were originally included in S. 2820.

Administration and coordination

The Committee is concerned that the problems of addicted parents, particularly mothers, and their children be seen in the broader context of health, developmental, and social service needs. Therefore, the programs in this title are to be administered through the Health Resources and Services Administration, where the experience of the Bureau of Maternal and Child Health in providing such services to high-risk mothers and children can guide the program's development

The Committee also notes, however, that various efforts within HHS to address parental substance abuse must be coordinated to prevent unnecessary duplication of effort and to bring the expertise of different departmental units to bear on this difficult problem. The legislation requires coordination of the programs in Title IV with grants for Model Projects for Pregnant and Postpartum Women and their Infants administered by the Office of Substance Abuse Prevention. It also requires more general coordination between the Health Resources and Services Administration, the Alcohol, Drug Abuse, and Mental Health Administration, and the Administration for Children, Youth, and Families. The Committee also expects coordination to occur between the Department of Health and Human Services and the Department of Education as the latter becomes more involved in identifying and addressing the developmental consequences of prenatal drug exposure.

Services for children of substance abusers

The Children of Subtance Abusers (COSA) program is designed to provide an array of services that is equally comprehensive for parents with substance abuse problems and their children. The program is authorized at $50,000,000. In contrast to other programs providing children access to services only if the addicted parent is actively participating in the program (usually drug or alcohol treatment), the Committee intends that eligibility of children for COSA services will not be dependent on the parent's status within the program. The Committee also intends that services to children of substance abusers will be open to all dependent children of a substance abusing parent, and not be restricted to drug or alcohol-exposed infants.

Children whose parents are substance abusers, but who are cared for by relatives, foster parents, or adoptive parents also are eligible for services. The Committee notes that caretakers other than biological parents also need support in the care of drug or alcohol-exposed infants, and expects grantees to provide organized support to these families.

Three types of entities are eligible for COSA grants: (1) drug or alcohol treatment programs, (2) public or private-nonprofit organizations providing health or social services to disadvantaged populations (for example, community health centers or family resource and support centers), and (3) a consortium of community organizations and agencies. The COSA grants are intended to provide an array of services that monitor and address the child's health and developmental needs while supporting the parent's ability to participate in drug or alcohol treatment. Community-based agencies

often are experienced in organizing the range of services required under the grants. The Committee believes such agencies would be well placed to provide the type of services envisioned in the COSA grants, particularly since it is the Committee's intent that the relationship between the program and the families it serves be long-term in nature. All grantees, however, must have an established relationship with a drug or alcohol treatment program and must encourage the participation of the parent in such treatment.

Grantees must establish relationships with other key community agencies as well. In particular, they must develop a linkage with the agency providing Child Protective Services and other child welfare services. The Committee hopes that the COSA grantees, where appropriate, may act as advocates for parents and children participating in the program and that child welfare agencies will draw on the COSA services to help prevent placement in foster care or promote reunification of families. Although not specifically outlined in the legislation, the Committee sees a similar role for the COSA grantees as advocates for parents and students within the schools.

Home-based services for at-risk families

The legislation establishes a program using home visitors to work with families in which an infant or a child under age three has experienced or is at risk for health or developmental problems or child abuse and neglect. Pregnant women who are at risk for delivering an infant with health or development complications are eligible also. The Committee believes the evidence on the effectivenes of this approach to early intervention is quite compelling and calls for a specific program to fund such efforts. Home visitors offer help such as providing parenting information, arranging social services and counseling, and helping mothers get to appointments with their doctors. The progam is authorized at $20,000,000.

Because this program is preventive in nature, it is more broadly targeted than the COSA program. Home visiting services would not be limited to families where substances abuse is present, though priority would be given to this popualtion. The Committee notes the severe strain that substance abuse has placed on the Child Protective Services system and hopes that the presence of additional resources for family-oriented, home-based services will help alleviate some of that pressure by preventing abuse and neglect.

The Committee believes continuity of services over a long period of time is necessary to ensure that families are on track to provide a healthy environment for children. The legislation requires grantees to follow pregnant women through delivery and until the infant reaches one year of age. Other families must be followed for at least one year. The Committee hopes, however, that grantees will continue services for longer periods of time and will make efforts to connect these families with other entities offering family support to ensure continued access to social services.

Entitles eligible for home visiting grants include public and private nonprofit entities that provide health and social services to disadvantaged populations. Home visiting services in the past have been provided from a variety of settings, such as hospitals and community-based social services organizations. The Committee believes it is important that grantees demonstrate a commitment to serving

low-income families, including those without health insurance. Home visiting has been shown to be most effective when the community has adequate health and social sevices available, since home visitors must refer families for many of their needs. Therefore, the legislation requires applicants for grants to demonstrate the presence of such services and their own ability to access these services on behalf of the families in the program.

In existing programs, the type of staff providing home visiting services is determined mainly by program objectives. The Committee notes, however, that experts believe that while lay persons (usually community members) have been successfully used by home visiting programs, professional home visitors may be needed to provide the more intensive intervention needed by multiproblem families. The legislation provides two options for staff qualifications. Under the first option, the home visitors would be professionals, such as public health nurses or social workers. Under the second option, the program could use lay persons to perform services as part of a team of home visitors, which must include a professional.

The legislation also recognizes the importance of on-going training for home visiting staff, requiring grantees to provide continuing training as well as adequate supevision and support for personnel. In addition, home visiting staff must receive training in recognizing and addressing, including making appropriate referrals, parental substance abuse and its effects on children. The Committee intends that grant funds may be used to provide this training.

Support teams for caretakers of children of substance abusers

Using interdisciplinary teams to work with biological parents or other caretakers of drug or alcohol-exposed infants has been shown to be an effective means of providing support for these families and preventing abuse and neglect of the children or multiple foster care placements. The legislation establishes a training program for such teams, with an authorization of $5,000,000. The Committee expects that this funding will function as seed money to increase the use of this approach by child welfare agencies.

Study of substance abuse efforts

Section 404 of the bill mandates a comprehensive study of the various efforts within HHS to address the needs of parents who are substance abusers and the needs of their children.

Title IV itself establishes a new program within the Health Resources and Services Administration, and some have expressed concern that this agency's efforts will overlap with the efforts of other entities within HHS, notably the maternal substance abuse program (Section 509F of the Public Health Service Act) administered by the Office of Substance Abuse Prevention.

It is not the Committee's intention to create overlapping jurisdiction; rather the Committee believes that the coordinated efforts of the two agencies may be necessary to address different facets of this urgent problem. The study mandated by section 404 is intended to give the Secretary an opportunity to report to Congress on the various efforts within the Department and to propose any structural changes that he believes would improve those efforts.

TITLE V

Title V contains the text of H.R. 5124 as passed by the House of Representatives on July 10, 1990, except that the Statement of Responsibility has been deleted and a separate authorization for the program has been created.

In including the substance of H.R. 5124 in its omnibus treatment and prevention bill, the Committee endorses the goals of the legislation and the intentions of its author, Representative Lowey.

TITLE VI

Section 601: This proposal is derived from an amendment Senator Jeffords successfully offered to S. 1711 last year. The proposal has been modified since then by Senator Jeffords to require a review of the relevant literature as a precondition of the study. It is the Committee's view that the relationship, if any, beteen the use of legal drugs, such as alcohol and tobacco, and illegal drugs is an appropriate subject of federal concern.

Section 602 and 603: The intent of these sections, both of which contain legislative proposals suggested to the Committee by Senator Kohl, is self-evident.

Section 604: This amendment clarifies a technical issue under the Controlled Substances Act.

Section 841 of the Act establishes a series of penalties that depend, in part, upon the weight of the "mixture of substance containing a detectable amount of" various controlled substances. The phrase "mixture or substance" is used in this section because pure controlled substances are rarely possessed or sold. Instead, substances such as heroin are often "cut" with licit substances such as quinine. With certain exceptions the relative purity of the controlled substance sold or possessed does not alter the applicable penalty provision under section 841, although the Sentencing Commission has authority to promulgate guidelines that distinguish among defendants based upon the purity of the "mixture or substance" seized.

Some controlled substances, notably lysergic acid diethylamide (LSD), are routinely possessed and sold on a carrier such as blotter paper or sugar cubes. As a result, courts have been called upon to determine whether the weight of the carrier is to be included in determining the weight of the "mixture or substance." A conflicting body of caselaw has emerged. Compare *U.S.* v. *Taylor,* 868 F. 2d 126 (5 Cir. 1989) (weighing carrier) *with U.S.* v. *Healy,* 729 F. Supp. 140 (D.D.C. 1990) (Gesell, J.) (not weighing carrier). A deeply divided panel of the Seventh Circuit recently concluded erroneously that Congress intended the carrier to be weighed. *U.S.* v. *Marshall,* 1990 U.S. App. Lexis 12017 (July 17, 1990).

This amendment clarifies Congress' intent that the weight of the carrier should not be included in this calculation. There is no rational reason for distinguishing among defendants who possess the same amount of LSD in liquid form (average weight=.05 mg. per dose), on blotter paper (average weight=14 mg. per dose) or on a sugar cube (average weight=2,270 mg. per dose). Just as section 841 does not contemplate that the glassine envelope in which cocaine powder is transported should be weighed, the carrier upon

which LSD or similar controlled substances is transported should not be weighed.

Similarly, it makes little sense to weigh the waste material used to manufacture controlled substances such as methamphetamine. In *U.S.* v. *Mueller*, 1990 U.S. App. Lexis 8344 (May 22, 1990), the Fifth Circuit interpreted the phrase "mixture or substance" to included 8.5 gallons of an acetone solution used to "wash" a much smaller quantity of methamphetamine, and therefore imposed a 20 year sentence after applying the drug quantity table in section 2D1.1 of the sentencing guidelines. Had the controlled substance been seized a short time later, the "wash" solution would have been discarded and the defendant would have received a much different sentence. In a rational criminal justice system, a defendant's sentence should not turn so dramatically upon a fortuitous circumstance such as the point of the manufacturing process at which the controlled substance is seized.

This amendment will eliminate unwarranted sentencing disparity and obviate the need for time-consuming litigation of this technical issue.

Section 605: This section contains the text of H.R. 5064 as passed by the House of Representatives on July 10, 1990, except that a separate authorization for the program is created.

In incorporating H.R. 5064 in its omnibus treatment and prevention bill, the Committee endorses the goals of the bill and the intentions of its author, Representative Unsoeld.

Section 606: This section is derived from section 4102 of S. 2695, an omnibus anti-drug bill introduced by Senator Hatch.

Under current law, the pharmaceutical distribution system allows a significant amount of drugs to fall into the hands of unauthorized individuals. The Committee is concerned about the potential misuse of these drugs. Section 606 is addressed to this problem.

Currently, the drug distribution system is a complicated network of drug wholesalers, distributors, and transportation companies that channel drugs from the manufacturer to drug retail outlets. Although the distributors and wholesalers are controlled and regulated by the Prescription Drug Marketing Act of 1987 (PDMA), the transportation companies are not. These companies handle enormous volumes of pharmaceuticals, and some are invariably lost, damaged or unclaimed by the transportation companies. These products are referred to as salvage products. The volume of salvaged products is significant, perhaps in excess of $17 million each year, based on Average Wholesale Price. The absence of a mechanism for the transportation industry to dispose of these salvaged products creates the potential for large amounts of prescription and controlled pharmaceuticals to fall into the hands of unauthorized individuals.

Section 606 establishes a demonstration drug salvager program which includes provisions to compensate transportation companies holding the salvaged pharmaceuticals in order to prevent these drugs from falling into the hands of unauthorized individuals. This is accomplished by requiring the Food and Drug Administration Commissioner, in consultation with the Administrator of the Drug Enforcement Administration, to enter into contracts with private nonprofit or profit making entities that acquire salvage pharma-

ceuticals and controlled substances. Those entities that enter into these contracts must return to the manufacturer any pharmaceuticals and controlled substances that they acquire, or if the manufacturer cannot be determined, the pharmaceutical must be destroyed.

VII. Cost Estimate

U.S. Congress,
Congressional Budget Office,
Washington, DC, September 24, 1990.

Hon. Edward M. Kennedy,
Chairman, Committee on Labor and Human Resources,
U.S. Senate, Washington, DC.

Dear Mr. Chairman. The Congressional Budget Office has prepared the attached cost estimate for S. 2649, the Drug and Alcohol Abuse Treatment and Prevention Improvement Act of 1990, as ordered reported by the Senate Committee on Labor and Human Resources on September 12, 1990.

If you wish further details on this estimate, we will be placed to provide them.

Sincerely,

Robert D. Reischauer,
Director.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

1. Bill number: S. 2694.
2. Bill title: Drug and Alcohol Abuse Treatment and Prevention Improvement Act of 1990.
3. Bill status: As ordered reported by the Senate Committee on Labor and Human Resources on September 12, 1990.
4. Bill purpose: To provide for improved drug abuse treatment and prevention.
5. Estimated cost to the Federal Government:

[By fiscal years, in millions of dollars]

	1991	1992	1993	1994	1995
Estimated authorization levels:					
Office for treatment improvement	100	100	100	.....	.....
Model projects for pregnant and post partum women	75	75	75	.....	.....
Training grants	25	25	25	.....	.....
Drug treatment in criminal justice system	40	40	40	.....	.....
Education on drug use during pregnancy	5	5	5	.....	.....
Medication development	60	70	85	100	100
Services for children of substance abusers	50	50	50	50	50
Support teams for caretakers of children of substance abusers	5	5	5	5	5
Home-based services for at-risk families	20	20	20	20	20
Drug abuse education	5	5	5	5	5
Training of school personnel	15	15	15	.....	.....
Drug abuse resistance education programs	15	15	15	15	15
Drug abuse projects	−53	80	80	.....	.....
Child abuse prevention	42	71	74	76	.....
FDA Study	(1)	.....	.....	.....	.....
Surgeon General report	(1)	.....	.....	.....	.....
HHS study on children of sustance abusers	(1)	.....	.....	.....	.....
Education study	(1)	.....	.....	.....	.....

[By fiscal years, in millions of dollars]

	1991	1992	1993	1994	1995
HHS report on children of	(1)				
Substance abusers programs	(1)	(1)	(1)	(1)	(1)
Drug consumption study	(1)	(1)	(1)	(1)	(1)
Drug salvager compensation program	(2)	(2)	(2)	(2)	(2)
Total estimated authorization levels [3]	405	576	594	272	205
Estimated outlays:					
Office for treatment improvement	35	90	100	65	10
Model projects for pregnant and post partum women	26	68	75	49	8
Training grants	5	18	23	20	8
Drug treatment in criminal justice system	14	36	40	26	4
Education on drug use during pregnancy	2	5	5	3	1
Medication development	22	52	74	88	101
Services for children of substance abusers	28	44	50	50	50
Support teams for caretakers of children of substance abusers	3	4	5	2	1
Home-based services for at-risk families	11	18	20	9	2
Training of school personnel	2	12	15	13	3
Drug abuse resistance education programs	2	12	15	13	3
Drug abuse projects	−19	−1	67	52	8
Child abuse prevention	10	46	69	55	5
FDA Study	(1)				
Surgeon General report	(1)				
HHS study on children of substance abusers	(1)				
Drug abuse education	(1)				
HHS report on children of substance abusers programs	(1)	*	*	*	*
Drug consumption study	(1)	*			
Drug salvager compensation program	(2)	(2)	(2)	(2)	(2)
Total estimated outlays [3]	143	407	562	450	208

[1] Less than $500,000.
[2] The cost of this provision cannot be estimated.
[3] Totals do not include the drug salvager compensation program.
Note. Details in this table may not add to totals because of rounding. The costs of this bill fall within budget function 550.

Basis of Estimate: S. 2649 would authorize appropriations for substance abuse treatment, education, research, and training programs. The bill specifies the authorization levels, as displayed on the table above, for all program except for those discussed below.

The bill would authorize $80 million in each of fiscal years 1991 to 1993 for substance abuse projects of national significance. This program, however, already is authorized appropriations at such sums as may be necesary for fiscal year 1991. CBO estimates such sums authorization levels by adjusting the current program's appropriation level for project inflation. The substance abuse projects of national significance were appropriated $128 million in fiscal year 1990. Without the enactment of further legislation, CBO assumes a 1991 authorization level of $133 million for the drug abuse projects. Therefore, this legislation reduces 1991 authorizations by $53 million.

S. 2649 would authorize $68 million in fiscal year 1991, and such sums as may be necessary in fiscal years 1992 to 1994 for child abuse prevention and treatment programs. These programs, however, are authorize at such sums as may be necessary for fiscal year 1991. Fiscal year 1990 appropriations for the child abuse programs were $25 million. Without the enactment of further legislation, CBO assumes a 1991 authorization level of $26 million. Therefore,

S. 2649 would increase fiscal year 1991 authorizations by $42 million. CBO estimated the 1992 to 1994 authorization levels by adjusting the 1991 authorization of $68 million by projected inflation.

The bill would authorize several reports: The Commissioner of the Food and Drug Administration would have to prepare a report within one year of enactment on the role of the private sector in the development of anti-addiction medications. The Surgeon General of the United States would have one year to study and report on the progress of the nation toward developing anti-addiction medications. The Secretary of Health and Human Services (HHS) would have to study and report within one year of enactment on the efforts of his department to address the needs of parents who are substance abusers and the needs of their children. The Secretary of Education would have a year to prepare a report on the preparedness of the school system to meet the needs of children born affected by alcohol or drugs. CBO estimates that each of these reports would cost less than $500,000 in fiscal year 1991. In addition, the Secretary of HHS would have to annually evaluate and report on programs for children of substance abusers. CBO estimates that the reports would cost less than $500,000 in each of fiscal years 1991 to 1995. The Secretary of HHS would also have to study and prepare two reports on the relationship between the consumption of legal and illegal drugs. CBO estimates that these reports would cost less than $500,000 in each of fiscal years 1991 and 1992.

The bill would establish a program to reimburse salvagers for returning to the manufacturer, or destroying pharmaceutical products that they find. Because information is not available on the number of pharmaceutical shipments that are lost and salvaged each year, CBO cannot estimate the cost shipments that are lost and salvaged each year, CBO cannot estimate the cost of this program. The Secretary of HHS is authorized to use amounts in the Department of Justice Asset Forfeiture Fund to establish and maintain the drug salvager compensation program.

S. 2649 would authorize the Secretary of HHS to make grants to community coalition to plan and implement comprehenive long-term strategies for substances abuse prevention. No authorization is stated, however, for this activity. Because the Alcohol, Drug Abuse, and Mental Health Administration currently provides funds to communities for substance abuse prevention activities, and the enactment of this legislation would not necessitate the expansion of that program, CBO estimates that this activity would not result in additional costs to the federal government.

This estimate assumes that all authorizations are fully appropriated at the beginning of each fiscal year. Outlays are estimated using spendout rates computed by CBO on the basis of recent program data.

6. Estimated cost to State and local government: Grants for both the services for children of substance abusers and the support teams for caretakers of children of substance abusers programs cannot exceed 90 pecent of their respective program's costs. Non-federal contributions, which based on the authorization levels would have to equal appropriately $8 million per year, could come from state or local sources.

7. Estimate comparison: None.

8. Previous CBO estimate: None.
9. Estimate prepared by: Karen Graham.
10. Estimate approved by: C.G. Nuckols (for James L. Blum, Assistant Director for Budget Analysis).

VIII. Regulatory Impact Statement

This Committee has determined that this bill will result in a small increase in regulatory burden and paperwork.

The bill would authorize a number of new grant programs, but they would be administered by existing federal agencies. While the bill would provide statutory authorization for a new agency (the Office for Treatment Improvement), and new research program (the Medications Development Program), both of these entities are already functioning without statutory authority within ADAMHA. Thus, their establishment in law is not expected to increase significantly any regulatory burden and paperwork.

Additional regulatory burden and paperwork will be created by establishing the requirement of State Treatment Plans. The Committee has concluded, however, that this requirement will not be unduly burdensome and that such burden will, in any event, be outweighed by the increased accountability in the block grant program that State Treatment Plans will provide.

To the extent that this legislation mandates specific administrative procedures as well as planning and evaluation activities, sufficient funds have been set aside for these purposes.

IX. Changes in Existing Law

In compliance with rule XXVI paragraph 12 of the Standing Rules of the Senate, the following provides a print of the statute or the part or section thereof to be amended or replaced (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

Public Health Service Act

* * * * * * *

SEC. [399.] *398A.* [280c-4] LIMITATION ON DURATION OF GRANT AND REQUIREMENT OF MATCHING FUNDS.

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SEC. [399A.] *398B.* [280c-5] GENERAL PROVISIONS.

* * * * * * *

PART L—SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS AND AT-RISK FAMILIES

SEC. 399. SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS.

(a) Definitions.—As used in this section:

(1) Caretaker of a child of a substance abuser.—The term "caretaker of a child of a substance abuser" means a birth parent, foster parent, adoptive parent, or relative of a child of a substance abuser.

(2) CHILD OF A SUBSTANCE ABUSER.—The term "child of a substance abuser" means any child of a substance abuser, including an infant born to a mother who is a substance abuser.

(3) COMMUNITY OUTREACH SERVICES.—The term "community outreach services" means services provided by a public health nurse, social worker, or similar professional, or by a trained volunteer supervised by a professional, to—

(A) accomplish early identification of substance abusers;

(B) accomplish early identification of children affected by parental substance abuse consistent with the early intervention services in part H of title VI of the Education of the Handicapped Act (20 U.S.C. 1471 et seq.);

(C) provide counseling to substance abusers and children of substance abusers on the benefits and availability of substance abuse treatment services and services for children of substance abusers;

(D) assist substance abusers and children of substance abusers in obtaining and using substance abuse treatment services and services for children of substance abusers; and

(E) visit and provide support to substance abusers, especially pregnant women, who are receiving substance abuse treatment services or services for children of substance abusers.

(4) RELATED SERVICES.—The term "related services" means services provided by—

(A) early intervention programs such as the program established in part H of title VI of the Education of the Handicapped Act (20 U.S.C. 1471 et seq.);

(B) education and special education programs;

(C) Head Start programs established under the Head Start Act (42 U.S.C. 9831 et seq.);

(D) other early childhood programs;

(E) employment and training programs;

(F) public assistance programs provided by Federal, State, or local governments; and

(G) programs offered by vocational rehabilitation agencies, recreation departments, and housing agencies.

(5) SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS.—The term "services for children of substance abusers" includes—

(A) in the case of children of substance abusers—

(i) periodic evaluation of children for developmental, psychological, and medical problems;

(ii) primary pediatric care, consistent with early and periodic screening, diagnostic, and treatment services described in section 1905(r) of the Social Security Act (42 U.S.C. 1396d(r));

(iii) other health and mental health services;

(iv) therapeutic intervention services for children, including provision of therapeutic nurseries;

(v) preventive counseling services; and

(vi) referral to related services, and assistance in establishing eligibility for related services;

(B) in the case of substance abusers—

(i) assessment of adult roles other than parenting, including periodic evaluation of social status, economic status, educational level, psychological condition, and skill level;

(ii) primary health care and mental health services, including prenatal and post partum care for pregnant women;

(iii) consultation and referral regarding subsequent pregnancies and life options, including education and career planning;

(iv) remedial education services; and

(v) referral to related services, and assistance in establishing eligibility for related services; and

(C) in the case of substance abusers, spouses of substance abusers, extended family members of substance abusers, caretakers of children of substance abusers, and other people significantly involved in the lives of substance abusers or the children of substance abusers—

(i) therapeutic intervention services, including parental counseling and joint counseling sessions for families and children;

(ii) child care and respite care services;

(iii) parenting education services and peer support groups;

(iv) support services, including, where appropriate, transportation services; and

(v) aftercare services, including continued support through parent groups and home visits.

(6) SUBSTANCE ABUSE.—The term "substance abuse" means the abuse of alcohol or a drug.

(7) SUBSTANCE ABUSER.—The term "substance abuser" means a pregnant woman, mother, or father who abuses alcohol or a drug.

(b) ESTABLISHMENT.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall make grants to eligible entities to pay for the Federal share of the costs of establishing programs to provide community outreach services and services for children of substance abusers.

(c) USE OF FUNDS.—

(1) SERVICES PROVIDED.—An eligible entity shall use grants made under subsection (b) to provide, either directly or by contract or agreement—

(A) the services described in subsection (a)(5)(A) and community outreach services to the children of substance abusers, including children not living with their parents;

(B) the services described in subsection (a)(5)(B) and community outreach services to substance abusers; and

(C) the services described in subsection (a)(5)(C) to substance abusers, spouses of substance abusers, extended family members of substance abusers, caretakers of children of substance abusers, and other people significantly involved in the lives of substance abusers or the children of substance abusers.

(2) SERVICE CHARACTERISTICS.—A program established through a grant made under this section shall—

(A) provide comprehensive services directed at the needs of the entire family, including caretakers of children of substance abusers;

(B) be accessible to recipients of community outreach services and services for children of substance abusers;

(C) maintain the confidentiality of information about substance abusers and children of substance abusers with respect to substance abuse treatment or receipt of community outreach services, services for children of substance abusers, or related services;

(D) coordinate the referral and provision of services with other services for children of substance abusers, substance abuse treatment services, and related services;

(E) use service providers from a variety of disciplines;

(F) provide long-term services; and

(G) provide a range of services corresponding to the varying needs of recipients of community outreach services and services for children of substance abusers.

(d) GRANT AWARDS.—In making grants under subsection (b), the Secretary shall ensure that the grants are—

(1) reasonably distributed among the three types of eligible entities described in subsection (f);

(2) distributed to an adequate number of eligible entities that—

(A) provide residential treatment to substance abusers and allow the children of substance abusers to reside with their parents during treatment; or

(B) provide in-home and community-based services on an out-patient basis; and

(3) distributed to give priority to areas with a high incidence of poverty and a high incidence of children of substance abusers, infant mortality, and child abuse and neglect.

(e) APPLICATION.—To be eligible to receive a grant under this section, an entity shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary by regulation requires. At a minimum, each application shall contain—

(1) a description of the services to be provided, which shall meet the requirements of subsection (c)(2);

(2) information demonstrating the involvement of public agencies responsible for health, mental health, child welfare, education, juvenile justice, and substance abuse treatment programs that the public agencies will cooperate in planning and providing community outreach services, services for children of substance abusers, and substance abuse treatment services;

(3) information demonstrating that the applicant has established a relationship with child welfare agencies and child protective services that will enable the applicant, where appropriate, to—

(A) provide advocacy on behalf of substance abusers and the children of substance abusers in child protective services cases;

(B) provide services to help prevent placement of children in substitute care; and

(C) promote reunification of families;

(4) an assurance that the applicant will obtain at least 10 percent of the costs of providing services for community outreach services and services for children of substance abusers from non-Federal funds;

(5) an assurance that nonresidential programs, if any, will incorporate home-based services;

(6) an assurance that the applicant will initiate and maintain efforts to enter substance abusers to whom they provide services into appropriate substance abuse treatment programs; and

(7) an assurance that the applicant will submit to the Secretary an annual report containing—

(A) a description of specific services and activities provided under the grant;

(B) information concerning the extent of use of services provided under the grant, including number of referrals to related services;

(C) information concerning the costs of services provided;

(D) information concerning—

(i) the number and characteristics of families, parents, and children served, and an analysis of the number of children served by age;

(ii) the number of children served who remained with their parents during the period in which entities provided services under this section;

(iii) the number of children served who were placed in out-of-home care during the period in which entities provided services under this section;

(iv) the number of children described in clause (iii) who were reunited with their families; and

(v) the number of children described in clause (iii) who were permanently placed in out-of-home care; and

(E) such other information as the Secretary determines to be appropriate.

(f) ELIGIBILITY.—Entities eligible to receive a grant under this section shall include—

(1) alcohol and drug treatment programs that provide treatment to pregnant women and parents;

(2) public or private nonprofit entities that provide health or social services to disadvantaged populations, including community-based organizations, hospitals, community health centers, and agencies providing support services to families, and have—

(A) expertise in applying the services to the particular problems of substance abusers and the children of substance abusers; and

(B) an affiliation or contractual relationship with one or more substance abuse treatment programs; and

(3) consortia of public or private nonprofit entities that include at least one substance abuse treatment program.

(g) FEDERAL SHARE.—The Federal share of grants provided under this section shall be 90 percent. The Secretary shall accept the value

of in-kind contributions made by the grant recipient as a part or all of the non-Federal share of grants.

SEC. 399A. GRANTS FOR SUPPORT TEAMS FOR CARETAKERS OF CHILDREN OF SUBSTANCE ABUSERS.

(a) DEFINITIONS.—As used in this section:

(1) CARETAKER OF A CHILD OF A SUBSTANCE ABUSER.—The term "caretaker of a child of a substance abuser" has the meaning given the term in section 399(a)(1).

(2) CHILD OF A SUBSTANCE ABUSER.—The term "child of a substance abuser" has the meaning given the term in section 399(a)(2).

(b) ESTABLISHMENT.—The Secretary, acting through the Administrator of the Health Resources and Services Administration and in consultation with the Commissioner of the Administration for Children, Youth, and Families, shall make grants to eligible entities to train interdisciplinary teams to provide support to, and arrange services for, caretakers of children of substance abusers.

(c) USE OF FUNDS.—An entity may use a grant made under subsection (b) to provide training (as specified in subsection (d)), case support, and consultation to interdisciplinary teams of personnel from—

(1) child protective services or child welfare agencies; and

(2) public health, mental health, or social services agencies.

(d) REQUIREMENTS.—An entity that receives a grant under subsection (b) shall provide training—

(1) that includes instruction on—

(A) the effects of prenatal substance abuse;

(B) the implications of prenatal substance abuse on infant care, health, and development; and

(C) the methods of providing instruction and support for caretakers of children of substance abusers;

(2) that supports an approach to service delivery that is—

(A) interagency;

(B) interdisciplinary;

(C) comprehensive;

(D) oriented toward case management; and

(E) focused on improving the health and development of the child;

(3) in sessions that include participants from both agencies specified in subsection (c); and

(4) in classroom, home-based, and clinical settings.

(e) APPLICATION.—In order for an entity to be eligible for a grant under subsection (b), the entity shall submit an application to the Secretary—

(1) jointly with representatives of the agencies specified in subsection (c);

(2) containing assurances by the agencies specified in subsection (c) that the agencies—

(A) ensure participation by staff members in the training program, and

(B) agree to continue to use the approach to service delivery described in subsection (d)(2) to address cases involving children of substance abusers; and

(3) at such time, in such manner, and containing such additional agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

SEC. 399B. GRANTS FOR HOME-BASED SERVICES FOR AT-RISK FAMILIES.

(a) DEFINITIONS.—As used in this section:

(1) ELIGIBLE FAMILY.—The term "eligible family" means a family that includes—

(A) a pregnant woman who is at risk of delivering an infant with a health or developmental complication; or

(B) a child below the age of 3 who has experienced or is at risk for a health or developmental complication.

(2) HEALTH OR DEVELOPMENTAL COMPLICATION.—The term "health or developmental complication" means—

(A) low birthweight;

(B) a physical or developmental disability; or

(C) exposure to parental substance abuse.

(3) HOME VISITING SERVICES.—The term "home visiting services" means services that provide—

(A) assistance in obtaining health care, including continuous prenatal care;

(B) education on pregnancy, infant care, parenting, child development, and child abuse prevention;

(C) assistance in developing support networks, including relationships with mentors and other female or maternal models;

(D) assistance in obtaining necessary health, mental health, and social services, including services offered by maternal and child health programs, the special supplemental food program for women, infants, and children, authorized under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786), and early and periodic screening, diagnostic, and treatment services, as described in section 1905(r) of the Social Security Act (42 U.S.C. 1396d(r));

(E) respite services; and

(F) consultation and referral regarding subsequent pregnancies and life options, including education and career planning.

(4) HOME VISITOR.—The term "home visitor" means a person who provides home visiting services.

(b) ESTABLISHMENT.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall make competitive grants to eligible entities to pay for the Federal share of the costs of providing home visiting services to eligible families. The Secretary shall award grants for periods of at least 3 years, but no more than 5 years.

(c) PURPOSES.—The purposes of this section are—

(1) to increase the use of prenatal and post partum care;

(2) to reduce the incidence of infants born prematurely, with low birthweight, or with other impairments associated with maternal substance abuse;

(3) to assist pregnant women and mothers of children below the age of 3 whose children have experienced, or are at risk of experiencing, a health or developmental complication in obtain-

ing treatment for drug or alcohol abuse and other services necessary to meet the special needs of the women;

(4) to reduce the incidence of child abuse and neglect; and

(5) to promote other measures to encourage appropriate growth and development of children.

(d) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to entities that—

(1) have experience in providing outreach services and preventive public health services to at-risk populations; and

(2) have demonstrated a commitment to serving low income and uninsured individuals and families.

(e) APPLICATION.—To be eligible to receive a grant under this section, an entity shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary by regulation requires. At a minimum, each application shall contain—

(1) a description of the population to be targeted for home visiting services;

(2) a description of the objectives to be met by the services provided by the entity, and a plan for measuring progress toward the objectives;

(3) a description of the services to be provided by the entity and the means the entity will use to provide outreach to eligible families;

(4) information demonstrating the existence of adequate health and social services in the community and the ability of the applicant to obtain access to the services for eligible families;

(5) assurances that the entity will provide case planning for eligible families that incorporates an interdisciplinary approach and, to the extent practicable, interagency involvement;

(6) a description of the types and qualifications of home visitors used by the entity, including assurances that the home visitors will receive training in recognizing and addressing, or making referrals to address, parental substance abuse and its effects on children;

(7) a description of the process by which the entity will provide continuing training, adequate supervision, and sufficient support to home visitors to ensure that home visitors are competent to render effective home visiting services;

(8) assurances that the entity will provide home visiting services conducted by—

(A) public health nurses, social workers, or other health or mental health professionals who are trained or have experience in home visiting services; or

(B) teams of home visitors, which shall include at least one individual described in subparagraph (A) and which may include volunteers trained in home visiting services;

(9) assurances that the entity will provide home visiting services with reasonable frequency—

(A) to families with pregnant women, as early in the pregnancy as is practicable, and until the infant reaches at least 1 year of age;

(B) to other eligible families, for at least 1 year;

(10) assurances that, in allocating home visiting services to eligible families, the entity will give priority to the families of women who abuse drugs or alcohol and seek or are referred for treatment;

(11) assurances that the entity will deliver home visiting services in a manner that accords proper respect to the cultural traditions of the eligible families;

(12) information demonstrating that the applicant is familiar with the socioeconomic and cultural groups who will receive home visiting services from the entity;

(13) an assurance that the applicant will obtain at least 10 percent of the costs of providing home visiting services from non-Federal funds;

(14) an assurance that the applicant will spend no more than 10 percent of the Federal funds received under this subpart on other administrative costs, exclusive of training; and

(15) an assurance that the applicant will submit the report required by section 399C(b).

(f) ELIGIBILITY.—Entities eligible to receive a grant under this section shall include public and private nonprofit entities that provide health or other social services to disadvantaged populations, including community-based organizations, hospitals, community health centers, and agencies providing support services to families.

(g) FEDERAL SHARE.—The Federal share of grants provided under this section shall be 90 percent. No more than 10 percent of Federal funds provided under this subpart may be used for other administrative costs, exclusive of training.

SEC. 399C. COORDINATION AND EVALUATION.

(a) COORDINATION.—In carrying out the provisions of this part the Secretary shall ensure coordination of the activities and services assisted under this part with the activities and services assisted under section 509F, and shall ensure coordination with and consultation regarding expanding and improving services for parents who are substance abusers and their children, among—

(1) the Administrator of the Health Resources and Services Administration;

(2) the Administrator of the Alcohol, Drug Abuse, and Mental Health Administration;

(3) the Commissioner of the Administration for Children, Youth, and Families; and

(4) other appropriate officials within the Department of Education.

(b) SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS.—

(1) EVALUATION.—The Secretary shall conduct evaluations to determine the effectiveness of programs supported under section 399—

(A) in reducing the incidence of alcohol and drug abuse among substance abusers participating in the programs;

(B) in preventing adverse health conditions in children of substance abusers;

(C) in improving the health, developmental, educational, behavioral, and psychological status of children receiving services under the program; and

(D) in reducing the incidence of out-of-home placement for children whose parents receive services under the program.

(2) REPORT.—The Secretary shall annually prepare and submit to appropriate committees of Congress a report that contains a description of programs carried out under sectio: 399. At a minimum, the report shall contain—

(A) information concerning the number and type of programs receiving grants;

(B) information concerning the type and use of services offered;

(C) information concerning—

(i) the number and characteristics of families, parents, and children served;

(ii) the number of children served who remained with their parents during the period in which entities provided services under section 399;

(iii) the number of children served who were placed in out-of-home care during the period in which entities provided services under section 399;

(iv) the number of children described in clause (iii) who were reunited with their families; and

(v) the number of children described in clause (iv) who were permanently placed in out-of-home care;

analyzed by the type of eligible entity described in section 399(f) that provided services;

(D) an analysis of the access provided to, and use of, related services through programs carried out under section 399; and

(E) a comparison of the costs of providing services through each of the types of eligible entities described in section 399(f).

(c) HOME-BASED SERVICES.—

(1) REPORT.—An entity that receives a grant under section 399B shall submit an annual report on the services provided under section 399B to the Secretary in such manner and containing such information as the Secretary by regulation requires. At a minimum, the entity shall report information concerning eligible families, including—

(A) characteristics of the families and children;

(B) the use, type, and location of the provider of preventive health services, including prenatal, primary infant, and child health care;

(C) the incidence of low birthweight and premature infants;

(D) the length of hospital stays for post partum women and their children;

(E) the incidence of child abuse and neglect for all children within participating families;

(F) the number of emergency room visits for routine health care; and

(G) the number and type of referrals made for other social services.

(2) EVALUATION.—The Secretary shall periodically conduct evaluations to determine the impact of programs supported under section 399B on the criteria specified in paragraph (1).

SEC. 399D. AUTHORIZATION OF APPROPRIATIONS.

(a) SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS.—There are authorized to be appropriated to carry out section 399 $50,000,000 for each of the 1991 and subsequent fiscal years.

(b) SUPPORT TEAMS.—There are authorized to be appropriated to carry out section 399A $5,000,000 for each of the 1991 and subsequent fiscal years.

(c) HOME-BASED SERVICES.—There are authorized to be appropriated to carry out section 399B $20,000,000 for the 1991 fiscal year and such sums as may be necessary for subsequent fiscal years.

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TITLE V—ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH PROGRAMS

PART A—ADMINISTRATION AND INSTITUTES

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

SEC. 501. [290aa] (a) * * *

* * * * * * *

(n)(1) There is established in the Alcohol Drug Abuse and Mental Health Administration a "Medications Development Program" through which the Administrator shall—

"(A) conduct periodic meetings with the Commissioner of Food and Drugs to discuss measures that may facilitate the approval process of drug addiction treatments;

"(B) encourage and promote (through grants, contracts, or otherwise) expanded research programs, investigations, experiments, and studies, into the development of medications to treat drug and alcohol addiction and related mental disorders;

"(C) establish or provide for the establishment of research facilities;

"(D) report on the activities of other relevant agencies relating to the development and use of pharmacotherapeutic treatments for drug addiction;

(E) collect, analyze, and disseminate data useful in the development and use of pharmacotherapeutic treatments for drug and alcohol addiction and related mental disorders and collect, catalog, analyze, and disseminate through international channels, the results of such research; and

(F) directly or through grants, contracts, or cooperative agreements, support training in the fundamental sciences and clinical disciplines related to the pharmacotherapeutic treatment of drug and alcohol addiction and related mental disorders, including the use of training stipends, fellowships, and awards where appropriate.

(2) In carrying out the activities described in subsection (c), the Administrator—

(A) shall collect and disseminate through publications and other appropriate means, information pertaining to the research and other activities under this section;

(B) shall make grants to or enter into contracts and cooperative agreements with individuals and public and private entities to further the goals of the program;

(C) shall, in accordance with other provisions of Federal law, through grants, contracts, or cooperative agreements acquire, construct, improve, repair, operate, and maintain pharmacotherapeutic centers, laboratories, and other necessary facilities and equipment, and such other property as the Administrator determines necessary to carry out the purposes of this title;

(D) may accept voluntary and uncompensated services;

(E) may accept gifts, or donations of services, money, or property, real, personal, or mixed, tangible or intangible; and

(F) shall take necessary action to ensure that all channels for the dissemination and exchange of scientific knowledge and information are maintained between the Administration and the other scientific, medical, and biomedical disciplines and organizations nationally and internationally.

(3)(A) Not later than December 31, 1991, and each December 31 thereafter, the Administrator shall submit to the Office of National Drug Control Policy established under section 1002 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 1501) a report, in accordance with paragraph (3), that describes the objectives and activities of the program assisted under this subsection.

(B) The Administrator of National Drug Control Policy shall incorporate, by reference or otherwise, each report submitted under this subsection in the National Drug Control Strategy submitted the following February 1 under section 1005 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 1504).

(4) The Administrator shall provide for the proper scientific review of all research grants, cooperative agreements, and contracts over which the Administrator has authority.

(5) There are authorized to be appropriated to carry out the provisions of this subsection—

(A) $60,000,000 for fiscal year 1991;

(B) $70,000,000 for fiscal year 1992;

(C) $85,000,000 for fiscal year 1993;

(D) $100,000,000 for fiscal year 1994;

(E) $110,000,000 for fiscal year 1995; and

(F) $115,000,000 for each of the fiscal years 1996 through 2000.

PEER REVIEW

SEC. 507. [290aa–5] (a) * * *

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SEC. 507A. OFFICE FOR TREATMENT IMPROVEMENT.

(a) IN GENERAL.—There is established in the Administration an Office for Treatment Improvement (hereafter in this section referred to as the "Treatment Office"). The Treatment Office shall be headed by a Director appointed by the Secretary from among individuals

with extensive experience or academic qualifications in the treatment of drug or alcohol abuse. The Secretary, acting through the Director of the Treatment Office, shall carry out this section.

(b) ALCOHOL AND DRUG ABUSE RESPONSIBILITIES.—With respect to alcohol and drug abuse, the Director of the Treatment Office shall—

(1) collaborate with the Director of the Office for Substance Abuse Prevention in order to provide outreach services to identify individuals in need of treatment services, with emphasis on the provision of such services to racial and ethnic minorities, to adolescents, to pregnant and postpartum women and their infants, to individuals who abuse drugs intravenously, to the homeless and residents of shelters, and to residents of publicly-assisted housing;

(2) collaborate with the Director of the National Institute on Drug Abuse, the Director of the National Institute on Alcohol Abuse and Alcoholism and with the States to promote the study of the outcomes of treatment services in order to identify the manner in which such treatment services can most effectively be provided;

(3) collaborate with the Director of the National Institute on Drug Abuse and the Director of the National Institute on Alcohol Abuse and Alcoholism to promote the dissemination and implementation of research findings that will improve the accessibility, delivery and effectiveness of treatment services;

(4) collaborate with the Director of the Office for Substance Abuse Prevention and the Director of the Bureau of Maternal and Child Health to promote the expansion of treatment opportunities for pregnant and postpartum women;

(5) coordinate the activities and services assisted under this section with the activities and services assisted under part L of title III;

(6) evaluate plans submitted by the States pursuant to section 1916B in order to advise the Administrator on whether the plans adequately provide for the allocation of the treatment resources of the States;

(7) carry out the grant programs established in sections 509E, 509G(b), 509H, and 509I;

(8) sponsor regional workshops on improving the accessibility, quality and availability of treatment services;

(9) provide, directly or through contract, technical assistance to public and nonprofit private entities that provide prevention, intervention, and treatment services, including technical assistance with respect to the process of submitting to the Director applications for any program of grants carried out by the Director;

(10) after consultation with organizations that represent providers of prehospital emergency medical services, carry out programs to train such providers with respect to responding to any emergency involving special problems that arise as a result of the abuse of alcohol or drugs by the victim of the emergency, including the problem of interacting with victims who are violent as a result of such abuse and the need to provide services to victims of violence and to individuals who witness violence;

(11) encourage State and Federal agencies offering treatment opportunities for individuals addicted to drugs or alcohol to utilize and establish self-run, self-supported recovery homes;

(12) provide treatment services by making grant to public and nonprofit private entities that are eligible to receive grants under any of sections 329, 330, and 340, and in making such grants, shall ensure that the grants are equitably allocated among the principal geographic regions of the United States, and between urban and rural areas, subject to the availability of qualified applicants for the grants;

(13) improve coordination of the treatment resources of communities in order to ensure that the resources are applied in the manner most consistent with the needs of the communities, including referring individuals to the most appropriate provider of treatment services;

(14) improve coordination between treatment facilities and agencies providing health, mental health, social, child care, and employment services in order to assist, in a comprehensive manner, individuals undergoing treatment;

(15) improve coordination between treatment facilities and nonhealth care systems such as employers, labor unions and schools, and encourage the adoption of programs such as employee assistance programs and student assistance programs;

(16) carry out activities to educate communities on the need to site and establish treatment facilities within communities;

(17) encourage public and private entities that provide health insurance to provide benefits for drug and alcohol treatment services; and

(18) develop programs to increase the number of health professionals providing treatment services and to promote the increased integration into the heath care system of the United States of programs for providing treatment services.

(c) AUTHORITY TO CONTRACT.—The Treatment Office is authorized to enter into such contracts, leases, cooperative agreements, and other transactions with any public agency, or with any person, firm, association, corporation, educational institution, or nonprofit organization as may be necessary to conduct the functions of the Treatment Office, including grant making responsibilities.

(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $100,000,000 for each of the fiscal years 1991, 1992 and 1993, of which $50,000,000 shall be available to carryout the provisions of paragraph (12) of subsection (b).

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OFFICE FOR SUBSTANCE ABUSE PREVENTION

SEC. 508. [290aa–6] (a) * * *

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(d)(1) For the purpose of carrying out this section and [sections 509, 509A, and 509F,] *sections 509 and 509A,* there are authorized to be appropriated $95,000,000 for fiscal year 1989 and such sums as may be necessary for each of the fiscal years 1990 and 1991.

MODEL PROJECTS FOR PREGNANT AND POST PARTUM WOMEN AND THEIR INFANTS

SEC. 509F. [290aa-13] (a) The Secretary, acting through the Director of the Office, shall make grants to establish projects for prevention, education, and treatment regarding drug and alcohol abuse relating to pregnant and post partum women and their infants. *Such grants may be made only to public and nonprofit private entities and to appropriately qualified Indian tribes and tribal organizations (as defined in section 1913(b)(5)).*

[(b) In making grants under subsection (a), the Director of the Office shall give priority to projects—

[(1) for low-income women and their infants; and

[(2) designed to develop innovative approaches to prevention, education, and treatment regarding the use of the drugs with respect to which there exists, insuficient information (including cocaine and the cocaine derivative known as crack).

[(c) In making grants under subsection (a) for projects that provide treatment, the Director of the Office shall ensure that grants are reasonably distributed among projects that provide inpatient, outpatient, and residential treatment.

[(d) The Director of the Office may not make a grant under subsection (a) unless—

[(1) an application for the grant is submitted to the Secretary;

[(2) with respect to carrying out the purpose for which the grant is to be made, the application provides assurances of compliance satisfactory to the Secretary; and

[(3) the application otherwise is in such form, is made in such manner, and contains such agreements, assurances, and information as the Director of the Office determines to be necessary to carry out this section.

[(e) The Director of the Office shall evaluate projects conducted with grants under this section.]

(b) In making grants under subsection (a), the Director of the Office shall give priority to projects—

(1) that will provide treatment and prevention services; and

(2) that provide, directly or through referral, as many of the following services as are feasible:

(A) Service delivery strategies and outreach services in the community involved to identify adolescent and adult women who are abusing alcohol or drugs and to encourage such women to undergo treatment for such abuse.

(B) Prenatal and postpartum health care for women undergoing such treatment.

(C) With respect to the infants and children of such women, ongoing pediatric health care, developmental screening, and early, continuous and comprehensive social services for such infants and children.

(D) Child care, transportation, and other support services with respect to such treatment.

(E) As appropriate, referrals to facilities for necessary hospital services.

(F) Employment counseling, skill building and other appropriate follow-up services to help prevent a relapse of alcohol or drug abuse.

(G) Case management services, including assistance in establishing eligibility for assistance under Federal, State, and local programs providing health services, mental health services, or social services.

(H) Plans for the coordination, identification and service delivery of social service programs relating to homelessness, family violence, crisis pregnancy, and other programs likely to serve as points of treatment access for high risk women.

(I) Plans for providing social services, including substance abuse treatment, in a single location to improve the coordination of and access to such social service.

(J) Efforts to preserve and support the family unit, including strategies to involve the male partners of pregnant addicts in the treatment process.

(K) Direct intervention, treatment, or rehabilitation of infants, which may include other siblings, to reduce or prevent the impact of maternal substance abuse on such children.

(L) Supportive services for biologic or foster parents of infants affected by maternal substance abuse.

(M) Plans for providing treatment resources to low-income pregnant and postpartum women.

(N) Plans for providing treatment resources to pregnant and postpartum women under criminal justice supervision.

(O) Plans for facilitating residential treatment for alcohol and drug abusing women that permits the children of such women to reside with such women.

(P) Other services that will tend to improve pregnancy outcomes, reduce substance abuse among women of childbearing age, and increase the stability of the family home environment.

(c) With respect to any health service under this section that is covered by the appropriate State plan approved under title XIX of the Social Security Act, the Director of the Office may not make a grant under subsection (a) unless—

(1) the applicant for the grant will provide the health service directly, and the applicant has entered into a participation agreement under the appropriate State plan and is qualified to receive payments under such plan; or

(2) the applicant for the grant has entered into a contract with an entity for the entity to provide the health service, and the entity has entered into such a participation agreement and is qualified to receive such payments.

(d) The Director of the Office may not make a grant under subsection (a) unless the applicant for the grant agrees that, if a charge is imposed for the provision of services or activities under the grant, such charge—

(1) will be made according to a schedule of charges that is made available to the public;

(2) will be adjusted to reflect the income and resources of the woman involved; and

(3) will not be imposed on any woman with an income of less than 100 percent of the official poverty line, as established by the Director of the Office for Management and Budget and revised by the Secretary in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981.

(e) In making grants under subsection (a) for the provision of treatment services for alcohol and drug abuse, the Director of the Office shall ensure that—

(1) such grants are distributed among projects that provide outpatient treatment and projects that provide residential treatment, in a manner that reflects the general desirability of residential treatment programs for pregnant addicts; and

(2) the activities and services assisted under this section are coordinated with the activities and services under part L of title III.

(f) The Director of the Office may not make a grant under subsection (a) unless—

(1) an application for the grant is submitted to the Secretary;

(2) the applicant for the grant agrees to submit to the Secretary an annual report that describes the number of women served, the number of infants served, the type and costs of services provided, and such other information as the Secretary determines to be appropriate;

(3) with respect to carrying out the purpose for which the grant is to be made, the application provides assurances of compliance satisfactory to the Secretary;

(4) the application otherwise is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section; and

(5) the application contains a plan for providing the services assisted under this section, where appropriate, after the Federal assistance under this section has terminated.

(g) The period during which payments are made by the Director of the Office under a grant under subsection (a) may not exceed 5 years, except that the Director of the Office may establish a procedure for renewal of grants under subsection (a).

(h) The Director of the Office shall, after consultation with the Director of the National Institute on Drug Abuse, periodically conduct evaluations to determine the effectiveness of projects supported under subsection (a).

(i) The Director of the Office shall annually submit to the Congress a report describing programs carried out pursuant to this section. Each such report shall include any evaluations conducted under subsection (i) during the preceding fiscal year.

(j)(1) In making grants under subsection (a), the Director of the Office shall make a grant to an organization of the type described in paragraph (2) for the establishment of a National Resource and Information Center for Perinatal Addiction, unless the Director finds that the Office is performing each of the functions set forth in paragraph (3) and certifies such finding to the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce of the House of Representatives.

(2) The grant described in paragraph (1) shall be awarded, after a competitive search, to a private nonprofit organization that has an extensive background and experience in performing research on maternal substance abuse and in disseminating such information to professionals, policymakers, the general public and the media, as well as experience in providing educational services to maternal substance abusers and their exposed infants.

(3) The Center established under subsection (a) shall—

(A) coordinate and disseminate research on maternal substance abuse, treatment options for such women and infants of such women, and prevention strategies;

(B) develop and distribute training and educational information and materials concerning maternal substance abuse;

(C) act as a clearinghouse for information on treatment programs for pregnant addicts;

(D) develop and manage a national toll free hotline to provide information and referrals;

(E) provide policy analysis and program evaluation to the Secretary of Health and Human Services;

(F) award a grant to a qualified entity to conduct—

(i) a statewide epidemiological study of infants, and the families of infants with fetal cocaine syndrome; and

(ii) a 7-year longitudinal study of infants, and the families of infants exposed to cocaine use; and

(G) provide any other services designed to carry out the purposes of this subsection.

(k) The Director of the Office shall collaborate on issues relating to maternal substance abuse with all other relevant Federal agencies, including the Office for Treatment Improvement, the Office of Maternal and Child Health, the Indian Health Service, the Bureau of Health Care Delivery and Assistance and the Office of Human Development Services. Such collaboration may occur through the creation of interagency task forces, as appropriate.

(l) For the purpose of this section, the term 'qualified entity' means an entity which—

(1) has demonstrated expertise in conducting longitudinal research and in-depth studies on infants, including the behaviors, crying patterns and other characteristics of infants;

(2) possesses the resources and expertise necessary for such activities;

(3) is geographically suited to conduct a statewide epidemiological survey;

(4) is a licensed and accredited acute care hospital for child psychiatric care that provides inpatient, outpatient and developmental disability treatment services;

(5) has previously participated in a research project in cooperation with an obstetrical or perinatal center; and

(6) can demonstrate an established relationship with a regional high risk infant tertiary care center.

(m) For the purpose of carrying out this section, there is authorized to be appropriated $75,000,000 for each of the fiscal years 1991, 1992, and 1993.

DRUG ABUSE DEMONSTRATION PROJECTS OF NATIONAL SIGNIFICANCE

SEC. 509G. [290aa–14] (a)(1) The Secretary, acting through [the Administrator] *the Director of the National Institution Drug Abuse*, may make grants to public and private entities for demonstration projects—

(A) to determine the feasibility and long-term efficacy for programs providing drug abuse treatment and vocational training in exchange for public service; *and*

(B) to conduct outreach activities to intravenous drug abusers with respect to the prevention of exposure to, and the transmission of, the etiologic agent for acquired immune deficiency syndrome and to encourage intravenous drug abusers to seek treatment for such abuse[; and].

[(C) to provide drug abuse treatment services to pregnant women, post partum women, and their infants.]

* * * * * * *

(b)(1) The Secretary, *acting through the Director of the Office for Treatment Improvement,* shall establish demonstration projects that provide grants to [States] *States and other public or nonprofit private entities* for the purpose of enabling such [States] *entities* to provide effective treatment, and referrals for treatment, to individuals who abuse drugs.

* * * * * * *

(3) In awarding grants under paragraph (1), the Secretary shall—

(A) * * *

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(v) treatment of substance abusers who reside in rural areas

[(v)] *(vi)* treatment of the residents of public housing projects; and

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(4) [State] *public or nonprofit private entity* that desires to participate in a project established under paragraph (1) shall submit a written application to the Secretary in such form and containing such information as the Secretary may request.

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[(c)(1) There are authorized to be appropriated to carry out this section $34,000,000 for fiscal year 1989, and such sums as may be necessary for each of the fiscal years 1990 through 1991.]

(c)(1) For the purpose of carrying out this section, there are authorized to be appropriated $80,000,000 for each of the fiscal years 1991, 1992 and 1993.

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SEC. 509H. GRANTS FOR TRAINING OF DRUG AND ALCOHOL TREATMENT PROFESSIONALS.

(a) ESTABLISHMENT.—The Director of the Office for Treatment Improvement (hereafter in this section referred to as the "Director") shall establish a program to provide grants to eligible institutions to

enable such institutions to provide training services to increase the supply of drug and alcohol treatment professionals.

(b) ELIGIBLE INSTITUTIONS.—Institutions eligible to receive a grant under this section shall include government agencies, medical schools, hospitals, schools of osteopathy, schools of nursing, schools of public health, schools of psychology, schools of chiropractic services, schools of social work, and other appropriate institutions that submit an application in accordance with subsection (c).

(c) APPLICATIONS.—To be eligible to receive a grant under this section, an eligible institution shall submit an application to the Director at such time, in such manner, and containing such information as the Director may reasonably require.

(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section there are authorized to be appropriated $25,000,000 for each of the fiscal years 1991, 1992 and 1993.

SEC. 509I. DEMONSTRATION GRANTS FOR DRUG AND ALCOHOL TREATMENT IN THE CRIMINAL JUSTICE SYSTEM.

(a) PROGRAM ESTABLISHED.—The Director of the Office for Treatment Improvement (hereafter in this section referred to as the "Director") shall establish a program to provide grants to public and nonprofit private entities that provide drug and alcohol treatment services to individuals under criminal justice supervision.

(b) ELIGIBILITY.—In awarding grants under subsection (a), the Director shall ensure that the grants are reasonably distributed among projects that provide treatment services to individuals who are—

(1) incarcerated in prisons, jails or community correctional settings; or

(2) not incarcerated but under criminal justice supervision because of their status as pre-trial releases, post-trial releases, probationers, parolees, or supervised releases.

(c) PRIORITY.—In awarding grants under subsection (a), the Director shall give priority to programs that provide—

(1) a continuum of services for offenders as they proceed through and out of the criminal justice system, including identification and assessment, drug and alcohol treatment, employment counseling, pre-release counseling and pre-release referrals with respect to housing and treatment;

(2) referrals to treatment programs in the community for individuals soon to be released from incarceration;

(3) offender management services, including addiction identification, assessment, case management, monitoring and appropriate referrals for individuals under criminal justice supervision;

(4) comprehensive treatment services for juvenile offenders;

(5) comprehensive treatment services for juvenile and adult female offenders, including related services such as violence counseling, parenting and child development classes, and vocational training;

(6) outreach services to identify individuals under criminal justice supervision who would benefit from drug and alcohol treatment and to encourage such individuals to seek treatment; or

(7) treatment services that function as an alternative to incarceration for appropriate categories of offenders or that otherwise enable individuals to remain under criminal justice supervision in the least restrictive setting consistent with public safety.

(d) APPLICATION.—The Director of the Office may not make a grant under subsection (a) unless—

(1) an application for the grant is submitted to the Secretary; and

(2) the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines necessary to carry out this section.

(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $40,000,000 for each of the fiscal years 1991, 1992 and 1993.

SEC. 509J. GRANTS FOR COMMUNITY COALITIONS ON SUBSTANCE ABUSE.

(a) DEFINITION.—As used in this section, the term "eligible coalition" means an association, consisting of at least seven organizations, agencies, and individuals that are concerned about preventing substance abuse, that shall include—

(1) public and private organizations and agencies that represent law enforcement, schools, health and social service agencies, and community-based organizations; and

(2) at least three representatives of nongovernmental interested parties such as the clergy, academia, business, labor unions, parents, youth, the media, and civic and fraternal groups.

(b) GRANT PROGRAM.—

(1) IN GENERAL.—The Secretary, acting through the Director of the Office, shall make grants to eligible coalitions in order to—

(A) plan and implement comprehensive long-term strategies for substance abuse prevention;

(B) develop a detailed assessment of existing substance abuse prevention programs and activities to determine community resources and to identify major gaps and barriers in such programs and activities;

(C) identify and solicit funding sources to enable such programs and activities to become self-sustaining;

(D) develop a consensus regarding the priorities of a community concerning substance abuse;

(E) develop a plan to implement such priorities; and

(F) coordinate substance abuse services and activities, including prevention activities in the schools and communities and substance abuse treatment programs.

(2) SPECIAL RULE.—In making grants pursuant to paragraph (1), the Secretary shall award at least 35 percent of the amount appropriated pursuant to the authority of subsection (f) in each fiscal year to communities (including cities, towns and townships) with populations of no more than 250,000 individuals that have made substance abuse prevention a high priority, as determined by the Secretary.

(c) COMMUNITY PARTICIPATION.—In developing and implementing a substance abuse prevention program, a coalition receiving funds under paragraph (1) shall—

(1) emphasize and encourage substantial voluntary participation in the community, especially among individuals involved with youth such as teachers, coaches, parents, and clergy; and

(2) emphasize and encourage the involvement of businesses, labor unions, civic groups, and other community organizations and members.

(d) APPLICATION.—An eligible coalition shall submit an application to the Secretary in order to receive a grant under this section. Such application shall—

(1) describe and, to the extent possible, document the nature and extent of the substance abuse problem in the community in question;

(2) describe the activities needing financial assistance;

(3) identify participating agencies, organizations, and individuals;

(4) identify the agency, organization, or individual that has responsibility for leading the coalition, and provide assurances that such agency, organization, or individual has previous substance abuse prevention experience;

(5) describe a mechanism to evaluate the success of the coalition in developing and carrying out the substance abuse prevention plan referred to in subsection (b)(5); and

(6) contain such additional information and assurances as the Secretary may prescribe.

(e) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to a community that—

(1) provides evidence of significant substance abuse;

(2) proposes a comprehensive and multifaceted approach to eliminating substance abuse;

(3) encourages the involvement of businesses, labor unions and community leaders in substance abuse prevention activities; and

(4) demonstrates support from the community and State and local agencies for efforts to eliminate substance abuse.

SEC. 509K. PUBLIC EDUCATION REGARDING DRUG AND ALCOHOL USE DURING PREGNANCY.

(a) ESTABLISHMENT.—

(1) IN GENERAL.—The Secretary shall establish and implement a program to inform the public of any dangers to maternal and child health resulting from drug and alcohol use during pregnancy and the post partum period.

(2) DUTIES OF SECRETARY.—In implementing the program established under paragraph (1) the Secretary shall—

(A) develop educational programs and materials and public service announcements for women of child-bearing age and their male partners concerning the dangers to maternal and child health resulting from alcohol and drug use during pregnancy and the post partum period, and the dangers to health throughout childhood posed by parental drug and alcohol abuse;

(B) make such programs, materials, and announcements available to States, local governments, school systems, the media, community-based nonprofit organizations, health-re-

lated facilities, and such other entities as the Secretary determines appropriate to further the purposes of this section; and

(C) conduct, support, and encourage the coordination of research on the effect of alcohol and drug use during pregnancy and the post partum period.

(b) TECHNICAL ASSISTANCE.—The Secretary may provide technical assistance and make grants to States—

(1) to assist such States in the development of educational programs and materials and public service announcements for women of child-bearing age and their male partners concerning the dangers to maternal and child health resulting from the use of alcohol and drugs during pregnancy and the post partum period, and the dangers to health throughout childhood posed by parental drug and alcohol abuse; and

(2) to assist in the distribution of such programs, materials and announcements through such States.

(c) EVALUATION.—The Secretary shall conduct evaluations to determine the effectiveness of the projects assisted under this section.

(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated $5,000,000 for each of the fiscal years 1991, 1992 and 1993 to carry out the provisions of this section.

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ALLOTMENTS

SEC. 1912. [300x-1a] (a)(1) * * *

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(II) an amount equal to an amount determined for the State in accordance with the following formula:

$$1 - .35G7 \qquad \left(\frac{S}{[N]P} \right)$$

[(B) For purposes of subparagraph (A)(i), the term "P" means the sum of—

[(i) an amount equal to the product of—

[(I) 0.4; and

[(II) an amount equal to the population living in urbanized areas of the State involved, as indicated by the most recent data collected by the Bureau of the Census;

[(ii) an amount equal to the product of—

[(I) 0.2; and

[(II) an amount equal to the number of individuals in the State who are between 18 and 24 years of age (inclusive) as indicated by the most recent data collected by the Bureau of the Census;

[(iii) an amount equal to the product of—

[(I) 0.2; and

[(II) an amount equal to the number of individuals in the State who are between 25 and 44 years of age (inclusive) as indicated by the most recent data collected by the Bureau of the Census: and

[(iv) an amount equal to the product of—

[(I) 0.2; and

[(II) an amount equal to the number of individuals in the State who are between 25 and 64 years of age (inclusive) as indicated by the most recent data collected by the Bureau of the Census.

[(C) In the case of the several States, for purposes of the formula specified in subparagraph (A)(ii)(II), the term "S" means the quotient of—

[(i) an amount equal to the most recent 3-year average of the total taxable resources of the State involved, as determined by the Secretary of the Treasury; divided by

[(ii) an amount equal to the term "P", as determined for the State under subparagraph (B).]

(B) For the purposes of subparagraph (A)(i), the term "P" means the product of the State's at risk population percentage and the State's cost index.

(C)(i) Except as provided in clause (ii), for purposes of the formula specified in subparagraph (A)(ii)(II), the term "S" means the percentage of the most recent 3-year average of the total taxable resources of the State as compared to the most recent 3-year average of the taxable resources of all States, as determined by the Secretary of the Treasury.

(ii) In the case of the District of Columbia, for purposes of the formula specified in subparagraph (A)(ii)(II), the term "S" means the percentage of the most recent 3-year average of personal income in the District of Columbia as compared to the most recent 3-year average of personal income in all States, as reported by the Secretary of Commerce.

[(D) In the case of the several States, for purposes of the formula specified in subparagraph (A)(ii)(II), the term "N" means the quotient of—

[(i) an amount equal to the sum of—

[(I) the sum of the respective amounts determined for each of the several States under subparagraph (C)(i); and

[(II) an amount equal to the most recent 3-year average of the total taxable resources of the District of Columbia, as determined by the Secretary of the Treasury; divided by

[(ii) an amount equal to the sum of the respective terms "P" determined for each of the several States, and for the District of Columbia, under subparagraph (B).

[(E) In the case of the District of Columbia, for purposes of the formula specified in subparagraph (A)(ii)(II)—

[(i) the term "S" means the quotient of—

[(I) an amount equal to the most recent 3-year average of the total personal income in such District, as determined by the Secretary of the Commerce; divided by

[(II) an amount equal to the term "P", as determined for such District under subparagraph (B); and

[(ii) the term "N" means the quotient of—

[(I) an amount equal to the most recent 3-year average of the total personal income in the United States, as determined by the Secretary of the Commerce; divided by

[(II) an amount equal to the sum of the respective terms "P" determined for such of the several States, and for the District of Columbia, under subparagraph (B).]

[(b) Each State shall receive a minimum allotment under this subpart of the lesser of—

[(1) $7,000,000; and

[(2) an amount equal to 105 percent of the sum of—

[(A) the amount the State received under section 1913 for fiscal year 1988 (as such section was in effect for such fiscal year); and

[(B) the amount the State received under part C for fiscal year 1988 (as such part was in effect for such fiscal year).]

(b)(1) Each State that received an allotment of $8,000,000 or less under this subpart in fiscal year 1989 shall receive a minimum allotment under this subpart in each fiscal year which is the greater of—

(A) the amount determined in accordance with the formula described in subsection (a); and

(B) the amount determined in accordance with the followning formula:

$$E \times (1 + 0.5(R))$$

(2) For the purpose of the formula specified in subparagraph (B) of paragraph (1)—

(A) the term "E" means the amount the State received under this subpart in fiscal year 1989; and

(B) the term "R" means the cumulative percentage by which the total amount appropriated pursuant to the authority of section 1911 has increased or decreased since fiscal year 1989.

(c)(1) Subject to paragraph (2), the allotment under this subpart for a territory of the United States shall be the product of—

(A) an amount equal to the amounts reserved under paragraph (3); and

(B) a percentage equal to the quotient of—

(i) the population of the territory, as indicated by the most recently available data; divided by

(ii) the aggregate population of the territories of the United States, as indicated by such data.

In the absence of reliable recent population data with respect to a given territory, it shall be assumed that the population of that territory has changed at the same rate as the population of the territories generally.

(2) Each territory of the United States shall receive a minimum allotment under this subpart of the greater of—

(A) $100,000 *or the amount such territory received in fiscal year 1989*; and

* * * * * * *

(4) For the purposes of this subsection, the term "population" means the civilian population.

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[(g)(1)(A) For purposes of this subpart, the term "State" means, except as provided in subparagraph (B), each of the several States, the District of Columbia, and each of the territories of the United States.

[(B) For purposes of subsections (a), (b), (e), and (f), the term "State" means each of the several States and the District of Columbia.

[(2) The term "territories of the United States" means each of the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Trust Territory of the Pacific Islands, and any other territory or possession of the United States.]

(g) For the purposes of this section—

(1)(A) The term "at risk population percentage" means the sum of—

(i) one-third of the percentage of the number of individuals in the State aged 25 through 64 as compared to the number of individuals in all states aged 25 through 64;

(ii) one-third of the percentage of the number of individuals in the State aged 18 through 24 as compared to the number of individuals in all states aged 18 through 24; and

(iii) one-third of the percentage of the number of individuals in the State aged 25 through 44 as compared to the number of individuals in all States aged 25 through 44.

(B) In making the determination required in clause (ii) of subparagraph (A) the Secretary shall count twice the number of individuals aged 18 through 24 who reside in urban areas. If current data regarding the number of individuals aged 18 through 24 who reside in urban areas is not availaable for any fiscal year, then the Secretary shall estimate such number by multiplying the total population of each State as determined by the Secretary of Commerce for such year by the percentage of the number of individuals in the State aged 18 through 24 who reside in urban areas within the State as compared to the total number of individuals in the State. The Secretary shall make such determinations in accordance with the data available form the most recent decennial census.

(2)(A) The term "cost index" means the overall cost index for the State which appears in table 4 of the March 30, 1990 report entitled "Adjusting the Alcohol, Drug Abuse and Mental Health Services Block Grant Allocations for Poverty Population and Cost of Service" prepared by the Health Economics Research, Inc. pursuant to a contract with the National Institute on Drug Abuse.

(B) The Secretary shall undate the cost index described in subparagraph (A) prior to making allotments under this section for fiscal year 1992 and at least once every 3 years thereafter as more current data becomes available. The Secretary may make reasonable refinements in the methodology used in constructing such cost index and may phase in changes in the cost index as he deems appropriate.

(3)(A) The term "State" means, except as provided in subparagraph (B), each of the several States, the District of Columbia, and each of the territories of the United States.

(B) For purposes of subsections (a), (b), (e), and (f) of this section, the term "State" means each of the several States and the District of Columbia.

(4) The term "territories of the United States" means each of the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Trust Territory of the Pacific Islands, and any other territory or possession of the United States.

* * * * * * *

(j)(1) Notwithstanding any other provision of law, no State shall receive an allotment under this section in fiscal year 1991 which is less than the allotment such State received under this section in fiscal year 1990.

(2) Notwithstanding any other provision of law, no State shall receive an allotment under this section in fiscal year 1991 in an amount which exceeds the sum of—

(A) the allotment such State received in fiscal year 1990; and

(B) $20,000,000.

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USE OF ALLOTMENTS

SEC. 1915. [300x-3] (a) * * *

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(b) A State may not use amounts paid to it under section 1914 to—

(1) provide inpatient services in the case of amounts provided for community mental health centers or provide inpatient hospital services in the case of amounts provided for alcohol or drug abuse programs[,] *except that funds may be used to pay for inpatient hospital or accredited nonhospital drug treatment services pursuant to a contractual arrangement with a hospital if—*

(A) needed residential treatment services could not otherwise be provided; and

(B) the rates paid for such services do not exceed 125 percent of the cost of the rates typically required for comparable residential services.

* * * * * * *

The Secretary may, with respect to funds available under this subpart for programs relating to substance abuse, grant a waiver to a State to use such amounts for the construction of a new facility or

rehabilitation of a existing facility, but not for land acquisition. The Secretary may approve a waiver only if the State demonstrates to the Secretary that adequate treatment cannot be provided through the use of existing facilities and that alternative facilities in existing suitable buildings are not available. In granting such a waiver, the Secretary shall allow the use of a specified amount of funds to construct or rehabilitate a specified number of beds for residential treatment and a specified number of slots for outpatient treatment, based on reasonable estimates by the State of the costs of construction or rehabilitation. In considering waiver applications, the Secretary shall ensure that the State has carefully designed a program that will minimize the costs of additional beds. The Secretary may grant a waiver only if the State agrees, with respect to the costs to be incurred by the State in carrying out the purpose of the waiver, to make available non-Federal contributions in cash toward such costs in an amount equal to not less than $1 for each $1 of Federal funds provided under section 1914. *The Secretary may waive or reduce the matching rate requirement of the preceding sentence if the State requests such a waiver and the Secretary determines that a failure to grant such a request would result in a reduction in the resources that would otherwise be used to provide direct treatment services and that are essential to implementation of the State drug abuse plan.* The Secretary shall act upon a request for such a waiver not later than 120 days after the date on which the request is made.

(c)(1) Amounts paid to a State under section 1914 may be used by the State—

(A) to develop, implement, and operate programs of treatment for intravenous drug abuse, *including social and health services necessary to improve treatment outcomes,* with priority given to programs to treat individuals infected with the etiologic agent for acquired immune deficiency syndrome;

(B) to train drug abuse counselors, and other health care providers, to provide such treatment; [and]

(C) with respect to individuals in need of treatment for intravenous drug abuse, to carry out outreach activities for the purpose of encouraging such individuals to undergo such treatment[.]*;*

(D) to provide counseling to family members of drug abusers, including such family members in group and family counseling service settings for the treatment of drug abusers; and

(E) to develop, implement, and operate programs of treatment for adult and juvenile substance abusers in State and local criminal and juvenile justice systems, including treatment programs for individuals in prisons and jails and those on probation, parole, supervised release, and pretrial release.

* * * * * * *

(d) Of the amount paid to any State under section 1914, not more than 5 percent may be used for administering the funds made available under such section. The State will pay from non-Federal sources the remaining costs of administering such funds. *Reasonable expenses, as determined by the Administrator, incurred for the training of individuals as required under this subpart shall not be*

included in determining the costs of administering funds made available under section 1914.

APPLICATION AND DESCRIPTION OF ACTIVITIES

SEC. 1916. [300x-4] (a) * * *

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(1) * * *

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[(11)(A) The State agrees to maintain State expenditures for alcohol, drug abuse, and community mental health services at a level equal to not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive payments under section 1914.]

(11)(A) The State agrees to maintain State expenditures for alcohol, drug abuse, and community mental health services at a level equal to not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive payments under section 1914, except that the State shall maintain State expenditures for drug abuse related services provided pursuant to this subpart as a level equal to not less than the average amount of such expenditures for the preceding 2 years.

(B) The Secretary may, on the request of a State, waive the requirement established in subparagraph (A) if the Secretary determines that extraordinary economic conditions in the State justify the waiver of the provisions contained in such subparagraph.

(C) The Secretary shall promulgate regulations to implement this paragraph that shall include the procedures by which a full or partial waiver may be granted.

* * * * * * *

(14) Of the amount allotted to a State under this subpart in any fiscal year, the State agrees to use not less than [10 percent] *15 percent* for alcohol and drug abuse programs and services designed for women (especially pregnant women and women with dependent children) and demonstration projects for the provision of residential treatment services to pregnant women.

* * * * * * *

(f) The Secretary shall report annually to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate on the new or expanded programs and services initiated and provided in accordance with paragraphs (2), (14) and (15) of subsection (c). [The report shall include a detailed description of such programs and services, an assessment of the adequacy of such programs and services in meeting the alcohol and drug abuse treatment needs of women and the mental health needs of severely disturbed children and adolescents, and such other information, including legislative and administrative recommendations, as the Secretary deems ap-

propriate.] *Such report shall include a description of how the State has complied with the provisions of paragraph (14) of subsection (c).*

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GROUP HOMES FOR RECOVERING SUBSTANCE ABUSERS

SEC. 1916A. [300x–4a] (a) * * *

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SEC. 1916B. STATEWIDE SUBSTANCE ABUSE TREATMENT PLAN.

(a) NATURE OF THE PLAN.—To receive its allotment for a fiscal year under section 1912A, a State shall develop, implement, and submit as part of the application required by section 1916(a), an approved statewide Substance Abuse Treatment Plan, prepared according to standards issued by the Secretary, that shall—

(1) contain a single, designated State agency for formulating and implementing the Statewide Substance Abuse Treatment Plan;

(2) contain a description of the mechanism that shall be used to assess the needs for substance abuse treatment in localities throughout the State including the presentation of relevant data;

(3) contain a description of a statewide plan that shall be implemented to expand treatment capacity and overcome obstacles that restrict the expansion of treatment capacity (such as zoning ordinances), or an explanation of why such a plan is unnecessary;

(4) contain a description of performance-based criteria that shall be used to assist in the allocation of funds to substance abuse treatment facilities receiving assistance under this subpart;

(5) contain a description of the mechanism that shall be used to make funding allocations under this subpart;

(6) contain a description of the actions that shall be taken to improve the referral of substance abusers to treatment facilities that offer the most appropriate treatment modality;

(7) contain a description of the program of training that shall be implemented for employees of treatment facilities receiving Federal funds, designed to permit such employees to stay abreast of the latest and most effective treatment techniques;

(8) contain a description of the plan that shall be implemented to coordinate substance abuse treatment facilities with other social, health, developmental, housing, correctional and vocational services in order to assist or properly refer those patients in need of such additional services;

(9) contain a description of the plan that shall be implemented to expand drug treatment opportunities for individuals under criminal justice supervision;

(10) contain a description of the plan that shall be implemented to expand drug treatment opportunities for homeless individuals;

(11) contain a description of the plan that will be implemented to expand and improve efforts to deter adolescent and adult women from knowingly abusing drugs or alcohol at all times

and particularly during pregnancy, to contact and treat pregnant women who abuse drugs or alcohol, and to provide appropriate follow-up services to their drug or alcohol affected newborns;

(12) contain a description of the plan that will be implemented to expand and improve specialized services for individuals with substance abuse and coexisting mental disorders and to describe what actions will be taken to improve the organization and financing of services for individuals with coexisting substance abuse and mental disorders;

(13) provide for the targeting of funds toward areas of the greatest need in the State, using such criteria as the State may establish for determining such areas, including criteria for focusing on—

(A) the current unmet treatment needs in the State including both the inpatient, outpatient, and long- and short-term substance abuse treatment service needs of defined populations and the availability of essential ancillary services;

(B) the incidence of deliveries of infants who suffer adverse medical consequences as a result of maternal substance abuse;

(C) the incidence of criminal activities related to substance abuse; and

(D) the incidence of communicable diseases transmitted by substance abuse;

(14) provide for the periodic testing of patients as appropriate for various treatment populations to determine the patients compliance with treatment regimens and the establishment of clinically appropriate policies for dealing with patients who fail such tests and provide that such testing conducted not be required to be more frequent than is necessary to achieve treatment objectives;

(15) provide for aftercare or follow-up, either directly or through arrangements with other individuals or entities, such as entities operating employee assistance programs and student assistance programs for patients who have ended a course of treatment provided by the facility, that shall include periodic contacts with the patient to monitor the patient's progress and provide services or additional treatment as needed;

(16) increase, if necessary, the availability of specialized services and facilities necessary to meet the needs of female and minority drug abusers;

(17) provide for the establishment of a program of interim assistance for individuals who apply for treatment, and who must wait for the availability of treatment opportunities, such as—

(A) education and counseling concerning drug abuse; and

(B) the referral to, or provision of, other necessary health and social services that may include primary health care, mental health care, homeless assistance, education, and vocational services;

(18) contain a description of the plan that shall be implemented to assist businesses, labor unions and schools to estab-

lish employee assistance programs and student assistance programs;

(19) contain assurances that each State or recipient of financial assistance pursuant to the provisions of this subpart shall not engage in discrimination on the basis of race, religion, color, national origin, gender, or handicap in the course of the activities assisted in whole or in part pursuant to the provisions of this subpart; and

(20) contain assurances that the State will comply with the provisions of section 1916(c)(14).

(b) SUBMISSION OF THE PLAN.—The plan required by subsection (a) shall be submitted to the Secretary annually for review and approval. The Secretary shall have the authority to review and approve or disapprove such State plans, and to propose changes to such plans.

(c) GUIDELINES.—(1) The Secretary, in consultation with the States, shall develop guidelines for each area to be covered by the State plan prepared under subsection (a).

(2) Beginning in fiscal year 1992, no payment shall be made to a State from its allotment under section 1912A unless such State has submitted a plan under this section that is in reasonable conformance with the guidelines developed under paragraph (1), except that with respect to the performance criteria for treatment facilities described in subsection (a)(4), the State plan shall provide a reasonable time for such conformance.

(3) The Secretary shall monitor the compliance of the State with the plan submitted under this section and provide technical assistance to assist in achieving such compliance.

(d) REPORTS.—Each State shall submit reports, in such form, and containing such information as the Secretary may, from time to time, require, and shall comply with such additional provisions as the Secretary may from time to time find necessary to verify the accuracy of such reports.

(e) WAIVER OF PLAN REQUIREMENT.—At the discretion of the Secretary, the Secretary may waive any or all of the requirements of this section on the written request of a State, except that such waiver shall not be granted unless the State implements an alternative treatment plan that fulfills the objectives of this section.

(f) MODEL STATE PLAN.—The Director of the Office for Treatment Improvement shall establish a model State substance abuse treatment plan to guide States in establishing State plans under subsection (a), and shall provide technical assistance to assist States in complying with such plan.

(g) ADMINISTRATIVE EXPENSES.—Expenses incurred for the training of individuals as required under any plans submitted under this section shall not be included in determining the costs of administering funds made available under section 1914 with respect to alcohol and drug abuse.".

TITLE 20, UNITED STATES CODE

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DRUG-FREE SCHOOLS AND COMMUNITIES ACT OF 1986

§ 3181. Authorization of appropriations

(a) IN GENERAL.—(1) * * *

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(2)(A) Except as provided in subparagraph (B), there are authorized to be appropriated for purposes of carrying out part C of this subchapter and section 3216 of this title $16,000,000 for fiscal year 1989, and $20,000,000 for the fiscal year 1990, and [$35,000,000] *$50,000,000* for each of the fiscal years 1991, 1992, and 1993.

* * * * * * *

§ 3182. Reservations and State allotments

(a) RESERVATIONS.—Except as provided in subsection (c) [of this section], *from* the sums appropriated or otherwise made available to carry out this subchapter for any fiscal year, the Secretary shall reserve—

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§ 3192. State programs

(a) IN GENERAL.—

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(1) * * *

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(8) to promote, establish, and maintain drug-free school zones for schools within the State[.], *which shall include—*

(A) the determination, with the assistance of municipal authorities and local law enforcement agencies, as appropriate, of the geographical boundaries of schools within the State and the posting of signs identifying school properties as drug-free school zones;

(B) drug-abuse education and prevention programs and enforcement policies designed to eliminate the illicit use of alcohol and drugs in such zones;

(C) assisting teachers, administrators, athletic directors, and other school personnel in cooperating fully with law enforcement officials to punish violations of laws relating to illegal drugs;

(D) informing the community—

(i) of the content and intent of laws relating to school safety and laws relating to illegal drugs as they affect schoolchildren; and

(ii) of the perimeters of the drug-free school zones;

(E) employing the services of the local or substate regional advisory council on drug abuse education and prevention established or designated by the local application submitted under section 5126(a) as a resource for advice and support with respect to implementation of such zones; and

(F) communication to students, teachers, athletic directors, and other school personnel by administrators that activities that are illicit and harmful to the health and well-being of the

students will not be tolerated within schools and their surrounding environments.

§ 3194. Responsibilities of State educational agencies

(a) Grants to local and intermediate educational agencies.—

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(ii) upon a demonstration of good cause by such agency or consortium, a greater amount approved by the State educational agency[,].

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§ 3195. Local drug abuse education and prevention programs

(a) IN GENERAL.—

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(1) * * *

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[(13)] *(14)* special programs and activities to prevent drug and alcohol abuse among student athletes, involving their parents and family in such drug and alcohol abuse prevention efforts and using athletic programs and personnel in preventing drug and alcohol abuse among all students; [and]

(15) in the case of a local educational agency that determines that it provides sufficient drug and alcohol abuse education during regular school hours, after-school programs that provide drug and alcohol abuse education for school-aged children, including children who are unsupervised after school, and that may include school-sponsored sports, recreational, educational, or instructional activities; and

[(14)] *(16)* other programs of drug and alcohol abuse education and prevention, consistent with the purposes of this part.

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§ 3196. Local applications

(a) IN GENERAL.—

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(M) * * *

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(N) describe how, to the extent practicable, assistance provided under the grant will be used to provide drug abuse counseling services to children of all ages, including students in the elementary schools;

(O) describe how, to the extent practicable, activities assisted under the grant will be coordinated with local law enforcement agencies in order to improve security on school grounds and in the surrounding community and to educate students about—

(i) the dangers of drug use and drug-related violence;

(ii) the penalties for possession of or trafficking in illegal drugs;

(iii) techniques for resisting drug abuse; and

(iv) the importance of cooperating with law enforcement officials in eliminating drug abuse and identifying individuals who supply drugs to students;

[(N)] *(P)* describe how, to the extent practicable, assistance provided under this subchapter will be used to provide trained counselors, social workers, psychologists, and nurses to carry out drug abuse prevention and intervention activities in addition to any individuals so employed by the applicant on December 12, 1989;

[(O)] *(Q)* provide assurances that the applicant will maintain and make available for distribution a list of local resources for substance abuse counseling and treatment;

[(P)] *(R)* provide assurances that the applicant has reviewed curricula that it intends to use and that such curricula will meet the needs of the schools served by the applicant;

[(Q)] *(S)* describe the training that will be provided for teachers and other personnel who are involved in the implementation of programs to be carried out by the applicant under this part; and

[(R)] *(T)* include such other information and assurances as the State educational agency reasonably determines to be necessary.

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§ 3212. Federal activities

(a) Use of reserved funds.—

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(1) * * *

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(5) identify research and development priorities with regard to school-based drug abuse education and prevention, particularly age-appropriate programs focusing on kindergarten through grade 4; [and]

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§ 3217. Drug-free school zones demonstration program

(a) Establishment of demonstration program for drug-free school zones.—The Secretary of Education is authorized to establish a demonstration program to establish and maintain drug-free school zones *as described in section 5122(a)(8).* In carrying out the demonstration program under this section, the Secretary shall make grants to local educational agencies, intermediate educational agenies, and consortia.

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SEC. 5127. * * *

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PART C—TRAINING OF TEACHERS, COUNSELORS, AND SCHOOL PERSONNEL

SEC. 5128. GRANTS FOR TRAINING OF TEACHERS.

(a) IN GENERAL.—From amounts appropriated pursuant to the authorization contained in section 5111(a)(2), the Secretary shall make grants to State educational agencies, local educational agencies, and institutions of higher education for teacher training programs in accordance with this section.

(b) USE OF FUNDS.—Amounts made available under grants under this section shall be used to establish, expand, or enhance programs and activities for the training of elementary and secondary school teachers and administrators, and other elementary and secondary school personnel concerning drug and alcohol abuse education and prevention.

SEC. 5129. GRANTS FOR TRAINING OF COUNSELORS.

(a) IN GENERAL.—

(1) From amounts appropriated pursuant to the authorization contained in section 5111(a)(2), the Secretary shall give priority to making a substantial number of grants to qualified State educational agencies, local educational agencies, and institutions of higher education for programs to train counselors, social workers, psychologists, or nurses in accordance with this section.

(2) The Secretary may also make a grant under this part to any private nonprofit agency that has an agreement with a local educational agency to provide training in drug abuse counseling for individuals who will provide such counseling in the schools of such local educational agency.

(b) USE OF FUNDS.—Amounts made available under grants under this section shall be used to establish, expand, or enhance programs and activities for the training of counselors, social workers, psychologists, or nurses who are providing or will provide drug abuse prevention, counseling, or referral services in elementary and secondary schools.

SEC. 5130. APPLICATIONS.

(a) IN GENERAL.—Any State or local educational agency, institution of higher education, or consortium of such agencies or institutions that desires to receive a grant under this part in any fiscal year shall submit an application to the Secretary at such time and in such manner as the Secretary may prescribe.

(b) CONTENTS.—Each application submitted under this section shall—

(1) set forth the activities and programs to be carried out with funds paid under this part;

(2) contain an estimate of the cost for the establishment and operation of such activities and programs;

(3) provide assurances that the Federal funds made available under this section shall be used to supplement, and, to the extent practical, to increase the level of funds that would, in the absence of such Federal funds, be made available by the ap-

plicant for the purpose described in this part, and in no case to supplant such funds;

(4) provide assurances of compliance with this part;

(5) in the case of a grant under section 5129, contain a discussion of how the training to be assisted under the grant will assist the applicant to—

(A) increase the number of school personnel who are trained to provide drug abuse counseling services; and

(B) improve the quality of drug abuse counseling services offered by the applicant or the local educational agency concerned; and

(6) include such other information and assurances as the Secretary reasonably determines to be necessary.

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SEC. 5138. PROGRAMS OF DRUG ABUSE EDUCATION, PREVENTION, OR COUNSELING.

(a) PROGRAM AUTHORIZED.—The Secretary is authorized to make grants to local educational agencies or consortia of local educational agencies and private nonprofit entities to provide drug abuse education, prevention, or counseling services to students in kindergarten through grade 12.

(b) ELIGIBILITY.—A local educational agency or consortium described in subsection (a) shall not be eligible for a grant under this section unless such agency or consortium agrees—

(1) to use assistance provided under such grant to provide or arrange for the provision of programs offering drug abuse education, prevention, or counseling to students of compulsory school age, including—

(A) programs to provide drug abuse counseling in the schools by trained personnel;

(B) programs that stress the use of peers to combat student abuse of drugs and alcohol;

(C) programs that stress parental involvement in combating student abuse of drugs and alcohol; and

(D) other appropriate programs;

(2) that programs provided with assistance under the grant shall be designed to prevent or eliminate student abuse of drugs or alcohol;

(3) to use assistance provided under the grant to expand or replicate a program that has a demonstrated record of success at either the State or local level in preventing or eliminating student abuse of drugs or alcohol; and

(4) to ensure that the program to be expanded or replicated is appropriate for the students to be served, based on an assessment of their most important needs.

(c) APPLICATION.—A local educational agency or consortium described in subsection (a) that desires to receive a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing or accompanied by such information and assurances as the Secretary may reasonably require. Each such application shall contain—

(1) a discussion of why the particular program to be assisted under the grant is appropriate for and responds to the particular needs of the students to be served;

(2) a complete description of the success of the program to be assisted under the grant in reducing or eliminating drug or alcohol abuse among students of compulsory school age;

(3) an assurance that the consortium concerned will provide assistance, in cash or in kind, for the program assisted under the grant in an amount equal to not less than 10 percent of the amount provided under the grant; and

(4) an assurance that funds received under the grant shall be used to supplement, not supplant, the amount of other Federal, State, and local funds expended for support of programs of the type described in subsection (b).

(d) AUTHORIZATION OF APPROPRIATIONS.—(1) There are authorized to be appropriated $5,000,000 for fiscal year 1991 and each succeeding fiscal year thereafter to carry out the provisions of this section.

(2) Funds appropriated pursuant to the authority of paragraph (1) shall remain available until expended.

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SEC. 5139. DRUG ABUSE RESISTANCE EDUCATION PROGRAMS.

(a) PROGRAM AUTHORIZED.—The Secretary is authorized to award grants to consortia of local educational agencies and entities that have experience in assisting local educational agencies to provide instruction to students in kindergarten through grade 6 designed to teach such students to recognize and resist pressures that influence such students to use illicit drugs or alcohol.

(b) SERVICES.—A consortium described in subsection (a) shall not be eligible for a grant under this section unless such consortium agrees to use assistance provided under such grant to provide or arrange for the provision of services that shall include—

(1) drug abuse resistance education instruction for students in kindergarten through grade 6 that is designed to teach such students to recognize and resist pressures that influence such students to use illicit drugs or alcohol, including instruction in the areas of—

(A) drug use and misuse;
(B) understanding the consequences;
(C) resistance techniques;
(D) assertive response styles;
(E) managing stress without taking drugs;
(F) decisionmaking and risk-taking;
(G) media influences on drug use;
(H) positive alternatives to drug abuse;
(I) interpersonal and communication skills;
(J) activities designed to build self-esteem;
(K) resistance to peer pressure;
(L) role modeling;
(M) forming a support system; and
(N) the role of police and practices for student safety;

(2) provisions for parental involvement;

(3) classroom instruction by uniformed law enforcement officials, coupled with activities taught by the regular classroom teacher;

(4) the use of positive student leaders to influence younger students not to use drugs;

(5) an emphasis on activity-oriented techniques designed to encourage student-generated responses to problem-solving situations; and

(6) the awarding of a certificate of achievement to each student who participates in a drug abuse resistance education program.

(c) APPLICATION.—A consortium described in subsection (a) that desires to receive a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing or accompanied by such information and assurances as the Secretary may reasonably require. Each such application shall contain—

(1) an assurance that the consortium concerned will provide assistance, in cash or in kind, for the services assisted under the grant in an amount equal to not less than 10 percent of the amount provided under the grant; and

(2) an assurance that funds received under the grant shall be used to supplement, not supplant, the amount of other Federal, State, and local funds expended for support of services of the type described in subsection (b).

(d) AUTHORIZATION OF APPROPRIATIONS.—(1) There are authorized to be appropriated $15,000,000 for fiscal year 1991 and each succeeding fiscal year thereafter to carry out the provisions of this section.

(2) Funds appropriated pursuant to the authority of paragraph (1) shall remain available until expended.

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SEC. 5193. IDENTIFICATION OF FEDERALLY-ASSISTED PROGRAMS.

Every local recipient of funds under this title shall, in any publication or public announcement, clearly identify any program assisted under this title as a Federal program funded under the Drug-Free Schools and Communities Act of 1986.

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TITLE 21, UNITED STATES CODE

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SEC. 710. DRUG SALVAGER COMPENSATION PROGRAM.

(a) PURPOSE.—It is the purpose of this section to establish a program to decrease the availability of drugs that are acquired through salvage of shipments of pharmaceuticals and controlled substances through the provision of assistance to salvagers of such products to enable such salvagers to return such product to the manufacturer or to destroy such product.

(b) ESTABLISHMENT.—The Commissioner, in consultation with the Administrator of the Drug Enforcement Administration, shall establish a drug salvager compensation program (hereinafter referred

to in this section as the "program") to carry out the purpose described in subsection (a).

(c) CONTRACTS.—

(1) IN GENERAL.—To carry out the program the Commissioner, in consultation with the Administrator of the Drug Enforcement Administration, shall enter into contracts with private nonprofit or profit making entities that acquire pharmaceuticals and controlled substances through the salvage of shipments of such products.

(2) REQUIREMENT.—A contract entered into under paragraph (1) shall require the entity that is subject to the contract to return any pharmaceuticals and controlled substances acquired by such entity through salvage to the manufacturer or to destroy such products if the manufacturer cannot be determined.

(3) COMPENSATION.—In exchange for entering into a contract under paragraph (1), the Commissioner shall reimburse such entity for any costs incurred by such entity in complying with the requirement of paragraph (2).

(d) DEA NUMBERS.—Entities that are subject to a contract under subsection (c) shall be assigned a Drug Enforcement Administration number and shall be considered as an appropriate recipient of any controlled substances salvaged and disposed of under this section.

(e) REPORTS.—

(1) ENTITIES.—Entities that are subject to a contract under subsection (c) shall prepare and submit, to the Commissioner and the Administrator of the Drug Enforcement Administration, quartely reports concerning their activities under this section.

(2) CONGRESSIONAL.—Not later than 90 days after the end of each fiscal year, the Secretary, in consultation with the Attorney General, shall prepare and submit, to the Committee on Energy and Commerce and Judiciary of the House of Representatives and the Committee on Labor and Human Resources and Judiciary of the Senate, a report concerning the amount of drugs that have been obtained through salvage and disposed of under this section.

(f) FUNDING.—The Secretary shall use amounts contained in the Department of Justice Asset Forfeiture Fund to carry out this section.

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§ 841. Prohibited acts A

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(b) PENALTIES.—

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(E) In determining the weight of a "mixture or substance" under this section, the court shall not include the weight of—

(i) the carrier upon which the controlled substance is placed or by which it is transported; or

(ii) any chemical or other substance used in the manufacture of the controlled substance and then discarded.

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TITLE 42, UNITED STATES CODE

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CHILD ABUSE PREVENTION AND TREATMENT ACT

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§ 5106h. Authorization of appropriations

(a) IN GENERAL.—There are authorized to be appropriated for purposes of carrying out this subchapter [$48,000,000 for fiscal year 1988,] *$68,000,000 for fiscal year 1991* and such sums as may be necessary for fiscal years [1989, 1990, and 1991] *1992, 1993, and 1994*. Of the funds appropriated for any fiscal year under this section, except as provided in the succeeding sentence (1)(A) $11,000,000 shall be available for activities under section 5104, 5105, and 5106 of this title, and (B), [$9,000,000] *$29,000,000* shall be available in each fiscal year for activities under sections 5106a(a) and 5106b of this title, giving special consideration to continued funding of child abuse and neglect programs or projects (previously funded by the Department of Health and Human Services) of national or regional scope and demonstrated effectiveness, (2) $5,000,000 shall be available in each such year for grants and contracts under section 5106(a) of this title, for identification, treatment, and prevention of sexual abuse, and (3) $5,000,000 shall be available in each such year for the purpose of making additional grants to the States to carry out the provisions of section 5106a(f) of this title. With respect to any fiscal year in which the total amount appropriated under this section is less than $30,000,000, no less than $20,000,000 of the funds appropriated in such fiscal year shall be available as provided in clause (1) in the preceding sentence and of the remainder, one-half shall be available as provided for in clause (2) and one-half as provided for in clause (3) in the preceding sentence.

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DRUG-FREE SCHOOLS AND COMMUNITIES ACT AMENDMENTS OF 1989

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Public Law 101-226

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SEC. 7. RESPONSIBILITIES OF STATE EDUCATIONAL AGENCIES.

Section 5124 of the Drug-Free Schools and Communities Act of 1986 (20 U.S.C. 3194) is amended—

(1) by amending subsection (a) to read as follows:

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(2) in subsection (b)—

(A) in paragraph (2), by inserting after "materials" *the first place it appears* the following: "that clearly and consistently teach that illicit drug use is harmful"; and

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SEC. 18. NATIONAL DIFFUSION NETWORK.

[Part D**]** *Part E* of the Drug Free Schools and Communities Act of 1986 (20 U.S.C. 3221 et seq.) is amended by adding at the end the following new section:

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SEC. 22. DRUG-FREE SCHOOLS AND CAMPUSES.

(a) IN GENERAL.—

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(b) AMENDMENTS TO DRUG-FREE SCHOOLS AND COMMUNITIES ACT OF 1986.—

(1) IN GENERAL.—**[**Part D**]** *Part E* of the Drug Free Schools and Communities Act of 1986 (20 U.S.C. 3171 et seq.) is amended by adding after section 5144 the following new section:

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(2) CONFORMING AMENDMENTS.—Paragraph (2) of section **[**5126(e)**]** *5126(a)* of the Drug-Free Schools and Communities Act of 1986 (20 U.S.C. 3196(c)) (as amended by section 9 of this Act) is amended—

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